

THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT
of the
County Medical Officer of Health
for the year

1971


G. F. WILLSON, M.D., D.P.H.

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CONTENTS

FOREWORD	(i)
HEALTH DEPARTMENT ESTABLISHMENTS	1
COMMITTEES	3
GENERAL STATISTICAL SUMMARY OF THE COUNTY	4
COMMENTS ON VITAL STATISTICS	5
INFECTIOUS DISEASE	7
PUBLIC HEALTH LABORATORY SERVICE	11
NATIONAL HEALTH SERVICE ACT 1946	12
Care of Mothers and Young Children (Section 22)	16
Mothercraft and Relaxation Classes	16
Child Health Clinics	16
The Care of Handicapped Babies	16
Assessment Clinic	16
Developmental Testing	17
Family Planning	17
Clinic Attendances	18
Cervical Cytology Clinics	18
Distribution of Welfare Foods	19
Dental Treatment - Priority Classes	19
Inspection and Treatment of Mothers	20
Inspection and Treatment of Pre-School Children	20
Statistics	21
The Dental Treatment of Mentally Handicapped Patients	22
Dental Needs of the Elderly	22
Table I	23
Table II	24
Nursing Administration	26
A New Management Structure for Community Nursing	26
Attachment of Staff	26
Midwifery (Section 23)	27
Midwifery	27
Training of Pupil Midwives	27
Loss of life associated with childbirth	27
Neonatal deaths	27
Health Visiting (Section 24)	29
Cases visited by Health Visitors	29
Home Nursing	30
Immunisation and Vaccination (Section 26)	31
Ambulance Service (Section 27)	32
Organisation and Control of the Service	32
Use of the Service	32
Staff	32
Vehicles and Equipment	33
Prevention of Illness, Care and After-Care (Section 28)	35
Tuberculosis	35
BCG Vaccination of Schoolchildren	35
Mass Radiography	35
Renal Dialysis in the Home	38

Health Education	39
Chiropody	39
Registration of Nursing Homes	40
ENVIRONMENTAL HEALTH	41
The Provision of Piped Water and Main Drainage in Dorset	41
Reorganisation of Water and Sewage Services	43
Water Supply	44
Sewerage and Sewage Disposal	46
Schemes submitted, commenced and/or completed during 1970	48
The Prevention of River Pollution	49
The Disposal of Sewage Into the Sea	49
INSPECTION AND SUPERVISION OF FOOD	51
Milk	51
Meat and Other Foods	56
Food and Drugs	56
CLEAN AIR	57
GYPSY SITES	57
CARAVANS AND TENTS	57
HOUSING	58
TABLES	
1. Vital Statistics	61
2. Notifications of Infectious and Other Notifiable Diseases	62
3. Attendance at Welfare Centres	63
4. Vital Statistics in Administrative Areas	64
5. Ambulance Service Statistics	65
6. Hospital Car Service Statistics	66

FOREWORD

Health Centres

After a slow start due to a variety of circumstances (the commonest, perhaps, being difficulty in agreeing and securing suitable sites) the health centre programme is now gathering momentum. The Bridport health centre was opened in May, 1971. This centre was built on the rather restricted site of the previously existing clinic and the shell of the latter has been skilfully incorporated into the new building by the architect. Accommodation is provided for the six general practitioners who practice in Bridport and for local authority supporting staff. Three rooms and the use of an interview room have also been placed at the disposal of the Social Services Department and although this was expected to be a temporary arrangement the advantages of having the doctors and social workers in proximity to one another have become so obvious that one hopes that it will be possible to repeat this type of association elsewhere in the county. Many general practitioners are certainly keen to have more effective contact with social workers in their area.

Construction of the Wareham health centre is now far advanced and is expected to be complete by about the end of the current year. At Ferndown, a tender has been accepted and building is about to commence. The establishment of this centre will undoubtedly be a great asset to this rapidly developing part of Dorset.

The planning stage of the Shaftesbury health centre is now past and tenders are being invited. This centre is to be built on a site obtained from the Regional Hospital Board and will be closely linked with the cottage hospital.

Other centres in the three year development programme are Easton (Portland), Upton Cross, West Moors, Wyke Regis and Westham (Weymouth). The Upton site is secured and negotiations are in progress in respect of sites at Easton and West Moors. The possibility of using the site of the existing clinic at Wyke is being investigated but finding a suitable site in Westham may prove more difficult.

In Poole the site for the centre at Mansfield Road has been obtained and the plans are under consideration by the Department. This is a considerably larger centre than any others in the programme and will accommodate thirteen general practitioners. The long search for a suitable site for a centre in Broadstone appears to have ended and negotiations are now in progress for the acquisition of a well-placed site close to the doctors' old surgery premises. The three year programme for Poole also includes a centre in the Longfleet Road area and a small centre to serve the new development at Merley.

Since last year's report was written the general practitioners in Swanage have requested a health centre and this is tentatively in the programme for 1974-5. One disappointment has been that, after the architect had commenced the plans, the Dorchester doctors had a change of heart and decided that, for the time being at least, they did not wish to practice from a health centre. However, plans are continuing for the other part of the Dorchester project which is for a new ambulance headquarters and training school on a site in Damers Road owned by the Wessex Regional Hospital Board.

A New Clinic

One other project which is now building is a new replacement clinic at Sherborne. This is a joint project with the Regional Hospital Board who are providing a geriatric unit and a physiotherapy unit in the same building. The site, which is adjacent to the Yeatman Hospital, was generously donated by the Friends of the Yeatman Hospital.

Ambulance Service

During 1971 a record mileage was covered by the ambulance service which travelled a total of 1,816,983 miles. This was composed of 580,173 miles by the ambulances and 1,236,810 by the hospital car service. Twenty years earlier, that is three years after the start of the National Health Service, the corresponding figures were 363,728 miles by ambulance and 385,247 by the hospital car service so that the total mileage since then has more than doubled. Steps are also constantly being taken to improve the quality and efficiency of the service offered and to these ends there has been a strengthening of the twenty-four hour control which is now quite separate from that of the fire service and the further development of training programmes in conjunction with hospital staffs together with the provision of more sophisticated equipment in the ambulances.

Dental Research

In his interesting report the County Dental Officer, Mr MacLachlan, draws attention to the dental state of the elderly as ascertained by examining residents in old people's homes in the county. Another group which is sometimes neglected in respect of dental care is the mentally handicapped. Although a service is provided in this county for those attending adult training centres one must not lose sight of those handicapped persons of all kinds who live at home and whose dental requirements may not always be recognised.

Community Nursing Services

During the last decade there have been increasing pressures on the nursing and health visiting services. There are many reasons for this. The most obvious is due to the increase in population of the county which has gone up by about 60,000 since 1961. The increase has been particularly pronounced in the east of the county and the health visitors there often find it difficult to make the initial contact with young families who have recently come from another authority's area. Geriatric visiting by health visitors is now very properly also increasing as a result of general practitioner attachment schemes. Where general practitioners are based near the county boundary it is only rational that attached nursing staff follow the practice patients into the areas of neighbouring authorities. Cross-border visiting inevitably takes more staff time because of the increased travelling which is necessary. The early discharge from hospital of post-operative cases and parturient women is adding increasingly to the work-load of the home nurses and midwives. Another factor increasing the work-load of attached nurses will clearly follow from their assumption of the role of surgery nurse, particularly as health centres are established.

The existing establishment of health visiting and nursing staff (particularly of the former) is at such a level that it is often difficult to accept new responsibilities, however desirable, without other aspects of the service being put under strain. Unfortunately in recent years it has proved impossible, for financial reasons, to increase the establishment at a sufficient rate to do much more than keep up with population growth. With the reorganisation of the National Health Service only 18 months away it becomes, however, increasingly important that every effort is made to enable the community nursing, midwifery and health visiting services to play their full part from the outset.

Water Supplies and Sewerage

The section of the report dealing with water supplies and sewerage which was contributed by the County Public Health Engineer, Mr F M W King, indicates the great amount of activity taking place in the county in connection with the improvement of these essential services. It is satisfactory to record that the long submarine pipe line at West Bay which caused some anxiety during the actual laying, appears to be functioning exactly as intended and close supervision has

failed to disclose any contamination of the beaches due to its use. The extent to which this method of sewage disposal can be generally adopted on a national scale must, of course, depend on there being no undesirable effects on the ecology of the sea around the point of discharge, a consideration requiring long-term study.

I should like to thank all members of my staff who have helped in the preparation of this report in particular my deputy, Dr K Adams, and Chief Administrative Officer, Mr V W V Clarke.

G F WILLSON

County Medical Officer

Health Department
County Hall
Dorchester
Dorset

September 1972

HEALTH DEPARTMENT ESTABLISHMENTS

(at end of year)

Central Staff

COUNTY MEDICAL OFFICER

G F Willson MD DPH

DEPUTY COUNTY MEDICAL OFFICER

K J Adams MRCS LRCP DPH

SENIOR MEDICAL OFFICER (CHILD HEALTH)

Mary Townsend MB BS MRCP DCH

SENIOR MEDICAL OFFICER

A J M Hargreaves BA MRCS LRCP DTM&H

MEDICAL OFFICERS IN DEPARTMENT

Jill C White MB BS MRCS LRCP DPH DCH

Elizabeth M S Wotherspoon MB ChB

(Part-time)

DISTRICT MEDICAL OFFICERS AND

SENIOR MEDICAL OFFICERS

Blandford Forum Borough, Wimborne Urban District, Blandford and Wimborne Rural Districts

G B Hopkins MB ChB DPH BPharm

Dorchester Borough, Dorchester Rural District, Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural Districts

(Appointment vacant)

Shaftesbury Borough, Sherborne Urban District, Shaftesbury, Sherborne and Sturminster Rural Districts

Esther Jackson MB ChB DPH

Wareham Borough, Swanage Urban District, Wareham and Purbeck Rural District

W E Hadden MB BS MFCM DTM&H DA DPH

Weymouth Borough, Portland Urban District

E J G Wallace MB ChB DPH

Weymouth Borough (Deputy)

K J Kimmance MB BS DObst RCOG DPH

CHIEF DENTAL OFFICER

J S MacLachlan LDS RCS

DEPUTY CHIEF DENTAL OFFICER

L Richardson BDS LDS

SENIOR DENTAL OFFICERS

D G Greenfield LDS RCS

R Woollcott LDS RCS

DENTAL OFFICERS (10)

SUPERINTENDENT NURSING OFFICER

Bridget C Thornton SRN SCM QN HV Cert

AREA NURSING OFFICERS

Flora M Farnsworth SRN SCM QN HV Cert

(Deputies for Superintendent)

Elsie M Lisher SRN SCM QN HV Cert

HEALTH VISITORS (35)

NURSES AND MIDWIVES (68)

NURSING ASSISTANTS (15)

COUNTY PUBLIC HEALTH ENGINEER

F M W King CEng MICE MIWE FIPHE

COUNTY PUBLIC HEALTH OFFICER

A H Parry MRSH FAPHI

COUNTY AMBULANCE OFFICER

C D Legg DPA FHA FIAO

CHIEF ADMINISTRATIVE OFFICER

V W V Clarke DPA

Delegate District - Poole Borough Staff

BOROUGH MEDICAL OFFICER

J Hutton MD DPH

DEPUTY BOROUGH MEDICAL OFFICER

A McCutcheon MB ChB DPH

ASSISTANT MEDICAL OFFICERS

M W Kiddle MB BS

Rosa Strunin MD (Berlin)

BOROUGH SENIOR DENTAL OFFICER

F E R Williams LDS

DENTAL OFFICERS (3)

BOROUGH NURSING OFFICER

Marian Davies SRN SCM QN HV Cert

ASSISTANT BOROUGH NURSING OFFICER

Mabel MacInnes SRN

HEALTH VISITORS (20)

MIDWIVES (10)

NURSING ASSISTANTS (8)

SENIOR ADMINISTRATIVE ASSISTANT

K F Stout DMA

COMMITTEES

Health Committee

Composition - Twenty elected members, 8 co-opted and 4 ex-officio (Chairman and Vice-Chairman of the County Council, Chairmen, or Vice-Chairmen, of the Co-ordination and Finance Committee and of the Social Services Committee) - Total 32.

Health General Purposes Sub-Committee

Composition - Chairman and Vice-Chairman of the Health Committee ex-officio and eight appointed members.

Registration and Licensing Panel

Composition - Chairman and Vice-Chairman of the Health Committee ex-officio, and four appointed members.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

The following is a summary of the vital statistics for the administrative county:-

Area in acres	..	..	..	..	..	..	..	..	..	625,460
Population	..	..	..	..	..	..	Urban	218,740		
							Rural	145,680	364,420	
Rateable Value as at 1 April 1971	..	..	..	..	..	..	..	..	..	£16,725,197
Estimated product of a new penny rate	..	..	..	..	..	..	..	..	..	£161,350
Live Births							Male	Female	Total	
Legitimate	..	..	..	..	..	..	2,391	2,288	4,679	
Illegitimate	..	..	..	..	..	..	184	172	356	
Total live births	..	..	..	..	..	..	2,575	2,460	5,035	
								Dorset	England & Wales	
Birth rate per 1,000 population	..	..	..	..	..	..	..	13.8	16	
Birth rate per 1,000 population (as adjusted by comparability factor 1.14)	..	..	..	..	..	..	..	15.7	16	
Illegitimate live births per 100 total live births	..	..	..	..	..	..	..	7	8	
Stillbirths										
Number (Legitimate 70, Illegitimate 8)	..	..	..	..	..	..	..	78	9,898	
Rate per 1,000 total live and stillbirths	..	..	..	..	..	..	..	15	12	
Total live and still births	..	..	..	..	..	..	..	5,113	793,063	
Deaths										
Infant deaths (deaths under one year)	..	..	..	..	..	..	..	97	13,726	
Infant Mortality Rates:-										
Total infant deaths per 1,000 total live births	..	..	..	..	..	..	..	19	18	
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	..	..	..	18	17	
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	..	..	39	24	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	..	..	..	..	..	..	..	11	12	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	..	..	..	..	..	9	10	
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..	..	..	..	..	..	..	24	22	
Maternal Mortality (including abortion):-										
Number of deaths	..	..	..	..	..	..	..	1		
Rate per 1,000 total live and stillbirths	..	..	..	..	..	..	..	0.19		
Total deaths (Actual)	..	..	..	..	..	..	..	4,771	567,345	
Death rate per 1,000 population (actual)	..	..	..	..	..	..	..	13.1	11.6	
(as adjusted by comparability factor 0.83)	..	..	..	..	..	..	..	10.9	11.6	

COMMENTS ON VITAL STATISTICS

Birth Rate

The recorded birth rate per thousand population was 13.8 the rate for the previous year being 14.1. After correction for differences in population structure between Dorset and the country as a whole the rate is 15.7 compared with the national figure of 16.

Stillbirth Rate

The stillbirth rate was 15 per thousand live and stillbirths compared with 12 the previous year. The national figure was 12.

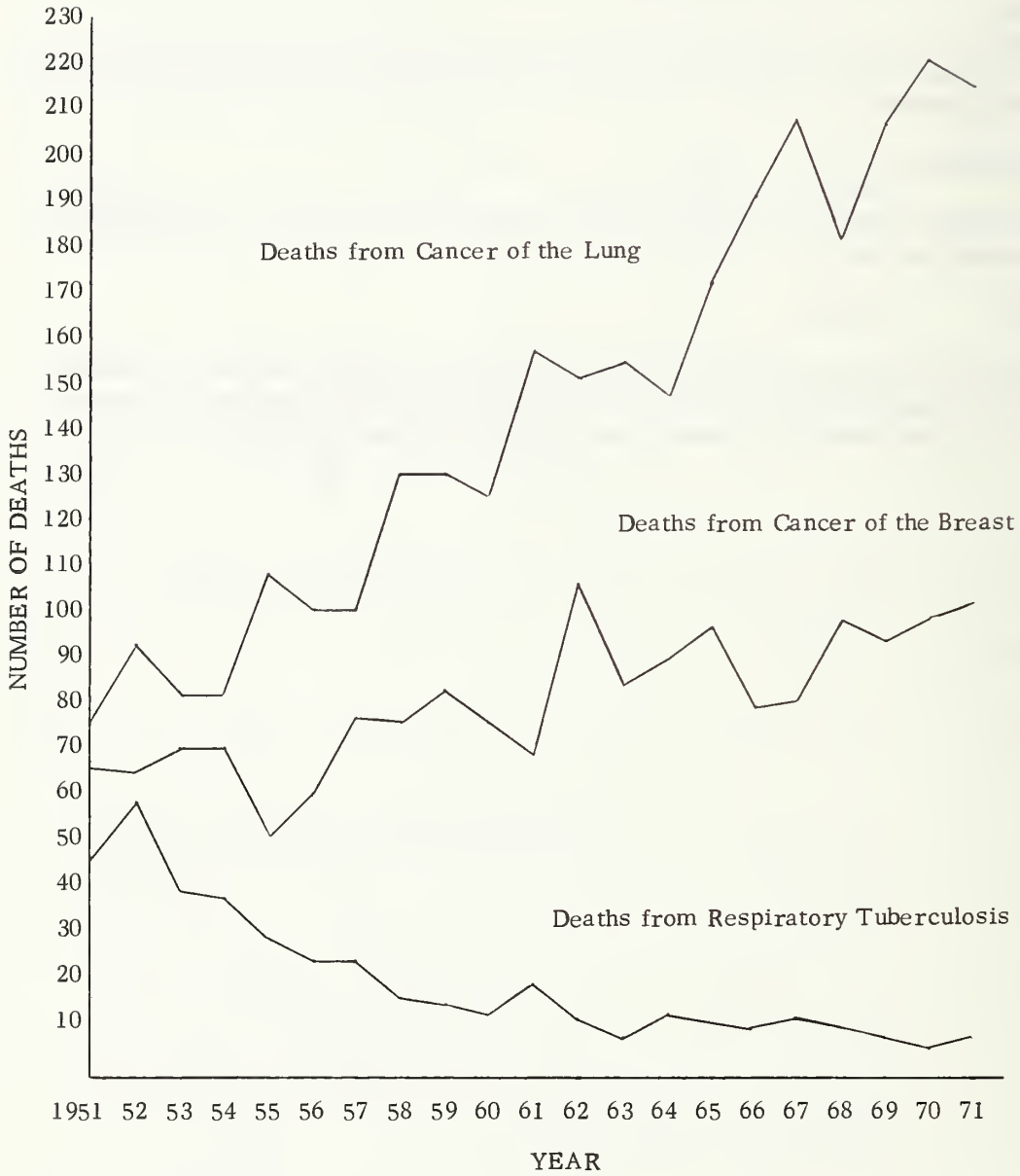
Infant Mortality Rate

The infant mortality rate was 19 per thousand live births compared with 13 the previous year. The national rate was 18.

Death Rate

The recorded rate was 13.1 per thousand population compared with 12.9 in 1970. The high proportion of old people in Dorset's population accounts for this rate being above the national figure of 11.6. After correction, however, the rate for the county is 10.9.

THE CHANGING PATTERN OF DISEASE



INFECTIOUS DISEASE

The following infectious diseases are now notifiable:-

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping Cough
Measles	Yellow fever

Notifications and Deaths

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Diphtheria:-										
No. of cases notified	-	-	-	-	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
Scarlet Fever:-										
No. of cases notified	53	61	57	106	29	37	34	37	41	32
No. of deaths	-	-	-	-	-	-	-	-	-	1
Measles:-										
No. of cases notified	606	5,255	1,595	3,651	1,559	4,469	493	698	1,549	1,439
No. of deaths	-	-	-	1	1	1	-	1	-	-
Whooping Cough:-										
No. of cases notified	38	111	156	79	64	236	106	27	32	91
No. of deaths	-	-	-	-	-	-	-	-	-	-
Typhoid and Paratyphoid Fever:-										
No. of cases notified	2	3	2	3	1	-	-	2	-	-
No. of deaths	-	1	-	-	-	-	-	-	-	-
Dysentery:-										
No. of cases notified	8	148	7	23	38	17	16	61	7	37
No. of deaths	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (including Polioencephalitis):-										
No. of cases notified	-	-	1	2	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection:-										
No. of cases notified	-	1	2	1	2	2	2	-	3	-
No. of deaths	1	-	1	-	-	-	-	1	1	-
Food Poisoning:-										
No. of cases notified	17	12	7	99	22	44	52	208	87	41
No. of deaths	-	-	-	-	-	-	-	-	-	-

Diphtheria

For the eleventh successive year, no cases were notified.

Scarlet Fever

The notified incidence of this disease was less than in previous years, although the other manifestation of streptococcal infection, "sore throat", was common, especially in our schools during the year. The use of clean handkerchiefs or disposable paper tissues, changes of air within a building, and sweeping floors with a dust laying compound, all help to keep the number of infecting organisms low.

Measles

Measles continued to be notified at approximately the same level as in 1970. The disease has lost its two yearly cycle of maximum attack rate and continues in localities attacking groups of non immunes. The alteration in the usual clear pattern of infection has been brought about by the measles vaccination campaign.

Whooping Cough

Ninety one cases were notified. Clinical diagnosis is difficult so that it is possible more cases occurred. Vaccination does not always prevent the disease completely but it minimises the occurrence of clinical whooping cough in very young children. As active immunity wanes so the disease may attack, but the young child by then is more able to withstand the infection and gains a more permanent immunity from it.

Poliomyelitis

For the eleventh successive year, no cases were notified.

Typhoid and Paratyphoid

No cases of enteric disease were notified during the year. This position is not likely to continue as so many persons now avail themselves of cheap foreign travel. Many of these infections notified nationally are imported by holiday makers from countries with poorer public health resources than ours. These persons should seek the protection of TAB vaccine before going abroad.

Cholera

No cases were notified locally in 1971 but this disease continued its progress during the year across the Mediterranean when cases were reported in Spain. It is a disease less likely to get a foothold in this country where most villages have satisfactorily piped water supplies. Nevertheless given a carrier in a geographical situation where human pollution of a water source could occur, an outbreak in that community is a certainty. Some measure of protection is conveyed by vaccination and those who holiday abroad in affected areas are urged to get protection.

Infective Jaundice

Infective diseases causing symptoms of jaundice were first made notifiable in June, 1968. Three principal infecting agents cause jaundice, a leptospira carried mainly by rodents, and a long and short incubation period virus carried by humans. Sixty-eight cases of infective jaundice were notified during the year and most of these would have been of virus origin.

The virus is difficult to control and cannot at present be cultured in the laboratory, though recent work in isolating Australia antigen from patients thought to have suffered from infection with the long incubation period virus does improve the chance of detection of carriers. It is still not always possible to say when a person ceases to be infectious and it is equally difficult to trace the source of infection. Nevertheless it is important to piece together by clinical investigation as much data as one can about a particular case, as it is possible partly by rule of thumb methods and partly by offering immune serum to curtail an outbreak. There is no specific treatment for virus hepatitis and the disease carries a 1-2% mortality.

Food Poisoning

Forty-one cases were notified during the year, compared with eighty-seven cases in 1970 and 208 cases in 1969. The number of cases occurring is often influenced by the weather, long hot summers favouring food poisoning outbreaks. Some credit must also be extended to the amount of health education given by County District public health inspectors and others responsible for hygiene in food preparation rooms. The increasing use of refrigeration and the commercial sterilisation of utensils in dish washing equipment must all help to keep down bacterial counts.

Poole Borough	Salmonella typhimurium	1
	Salmonella enteridis	1
	Not confirmed	1
Wareham and Purbeck Rural	Salmonella enteridis	2
	Salmonella typhimurium	2
	Not confirmed	7
Dorchester Borough	Salmonella Richmond	1
	Salmonella Bredeney	1
Swanage Urban District	Salmonella typhimurium	2
	Salmonella enteridis	9
	Not confirmed	1
Dorchester Rural	Salmonella typhimurium	
	phage type 3	1
	Salmonella Bredeney	8
Wimborne and Cranborne Rural	Not confirmed	3
	Not confirmed	1

Tuberculosis

Twenty-three respiratory and eleven non-respiratory cases were notified, compared with thirty-seven and seven respectively in 1970. A comparison with the figures for some previous years is given.

Year	Respiratory		Non-Respiratory	
	Notifications	Deaths	Notifications	Deaths
1951	225	47	41	10
1961	82	18	14	1
1971	23	11	11	2

PUBLIC HEALTH LABORATORY SERVICE

A bacteriological and virological service is provided by the Public Health Laboratory Service Board at Poole and Dorchester. The function of the Service is to help medical officers of health and public health inspectors by examining specimens of human origin as well as food and water samples and to investigate epidemiological problems, including the control of infectious disease of bacterial and viral origin. Close contact is maintained between medical officers of health, veterinary surgeons and directors of laboratories. Both laboratories in Dorset also carry out work for general practitioners and hospitals.

Virus Isolation at Dorchester

Virus isolating techniques are being increasingly employed in the laboratory and virus isolation should always be attempted when there is difficulty in diagnosing a patient who is likely on clinical grounds to be suffering from such an infection.

During 1971 virus isolation specimens numbered 794, an increase of thirty-two per cent over the number for 1970. A virus was found in seventy-two specimens giving an isolation rate of 9.0 per cent.

Twenty-one different viruses were isolated:

Adenovirus 1, 3, 5, 14
Coxsackie B 1, 2, 3, 5, 6
Cytomegalovirus
ECHO virus 4
Herpes simplex
Influenza A2/HK/Eng
Influenza B
Orf
Parainfluenza 2, 3
Polio 2, 3
Reo virus
Rubella

Coxsackie B was isolated during the summer and autumn. An outbreak of A2 influenza occurred in a girls' school in mid-November, the first reported in Britain last winter. Rubella virus was isolated on eleven occasions from seven patients and from the products of conception twice. Excluding serological tests for rubella, only fourteen patients were diagnosed as having a virus infection by examination of paired sera, which is one-fifth of the number diagnosed by direct virus isolation.

The addresses of the Public Health Laboratories are:

Public Health Laboratory Service
Poole General Hospital
POOLE
Dorset
BH15 2JB

Public Health Laboratory Service
Glyde Path Road
DORCHESTER
Dorset

Tel: 02013-5771

Tel: 0305-4478

Director: Dr G J G King

Director: Dr G H Tee

NATIONAL HEALTH SERVICE ACT 1946

HEALTH CENTRES (SECTION 21)

Bridport

The health centre at North Allington, Bridport, is the first to function in Dorset and was opened to the public in June. It provides separate consulting suites for six general practitioners belonging to two practices, and accommodation for local authority services. It replaces a small purpose-built health clinic built in 1960 which after suffering considerable internal re-arrangement was incorporated into the new building. In addition to general practitioner consulting rooms the centre provides a suite for local authority medical staff, a treatment room, a urine testing room, and a large health education room used for ante-natal relaxation classes, talks, discussions and films. There is accommodation for health visitors, nurses and social workers including a home help organiser. A staff common room with kitchenette is also available.

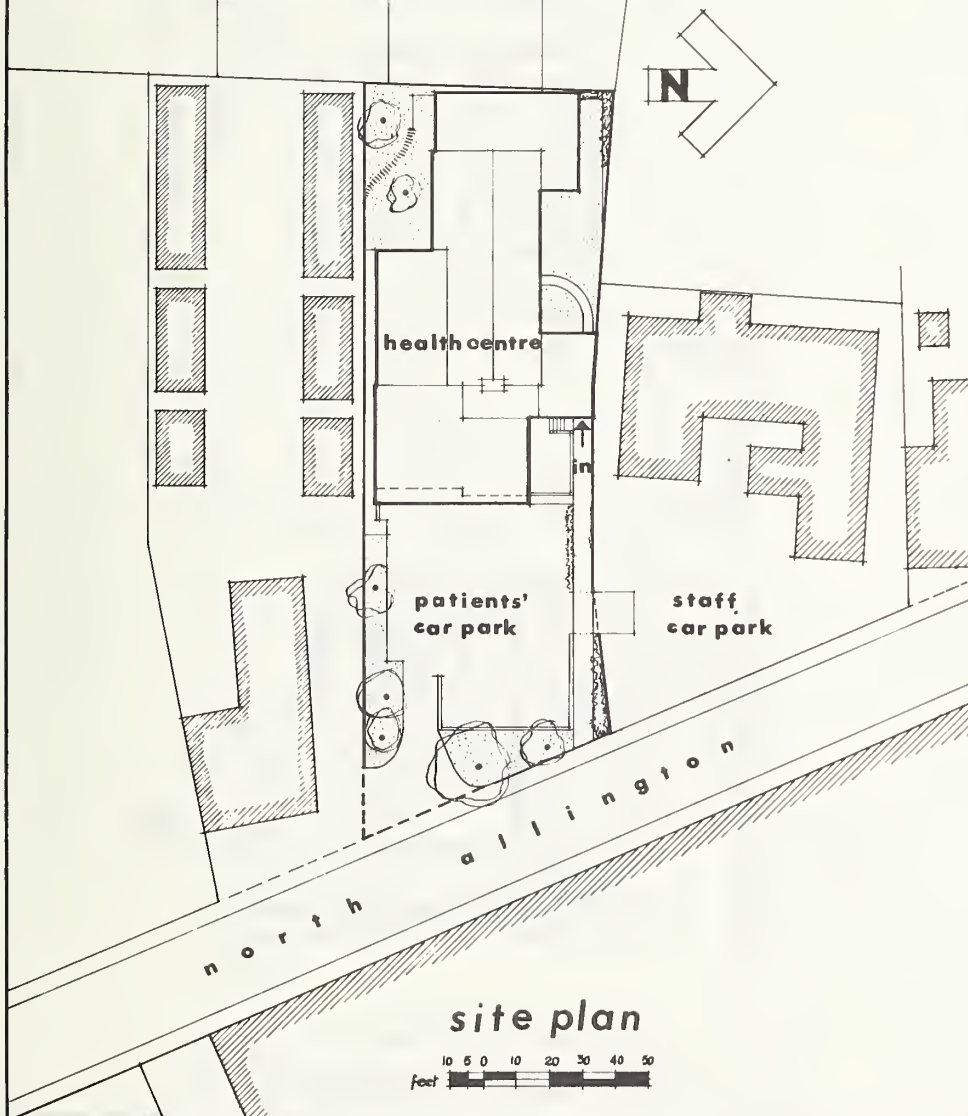
It will be seen from the following site and building plans that much architectural ingenuity was called for in order to provide all the required accommodation in the most reasonable position on a strictly limited site.

The health centre has proved to patients and staff alike a popular method of supplying a service. It has helped to integrate general practitioner and local authority health services in West Dorset and has also proved a satisfactory centre from which to operate the social services of the area.

Centres under Construction

Work is well advanced on the health centre at Wareham, building at Ferndown is on the point of starting and tenders for the Shaftesbury Centre have been invited.

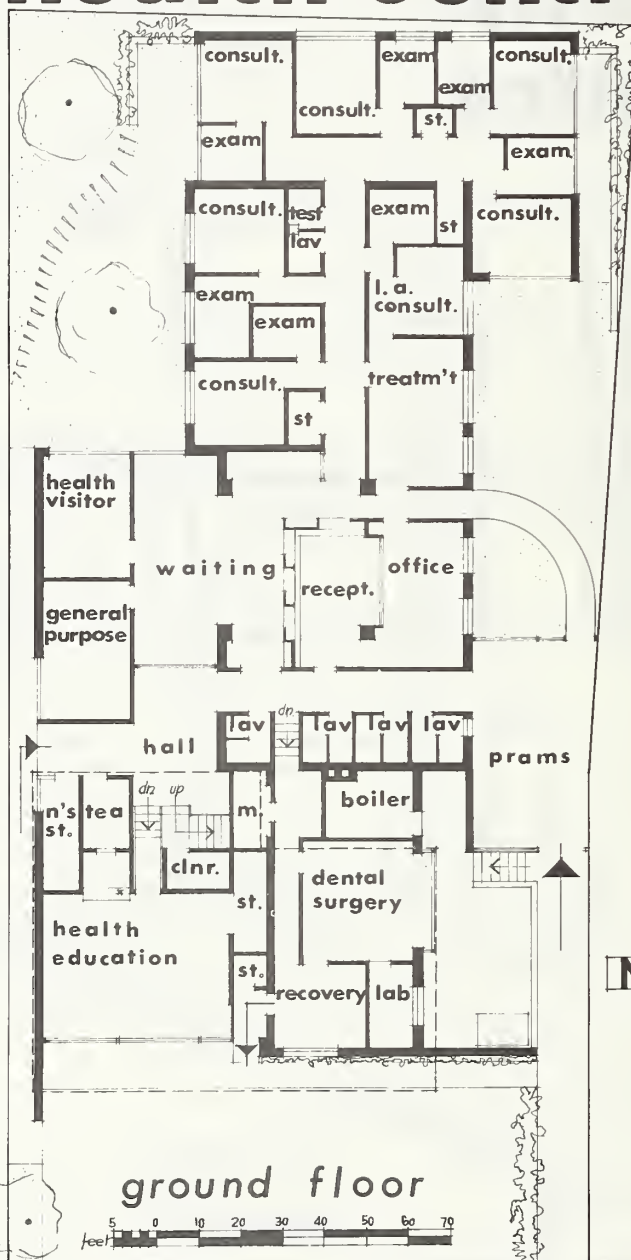
Bridport health centre



Dorset County Council
J Hurst ARIBA
Architect

1:

Bridport health centre

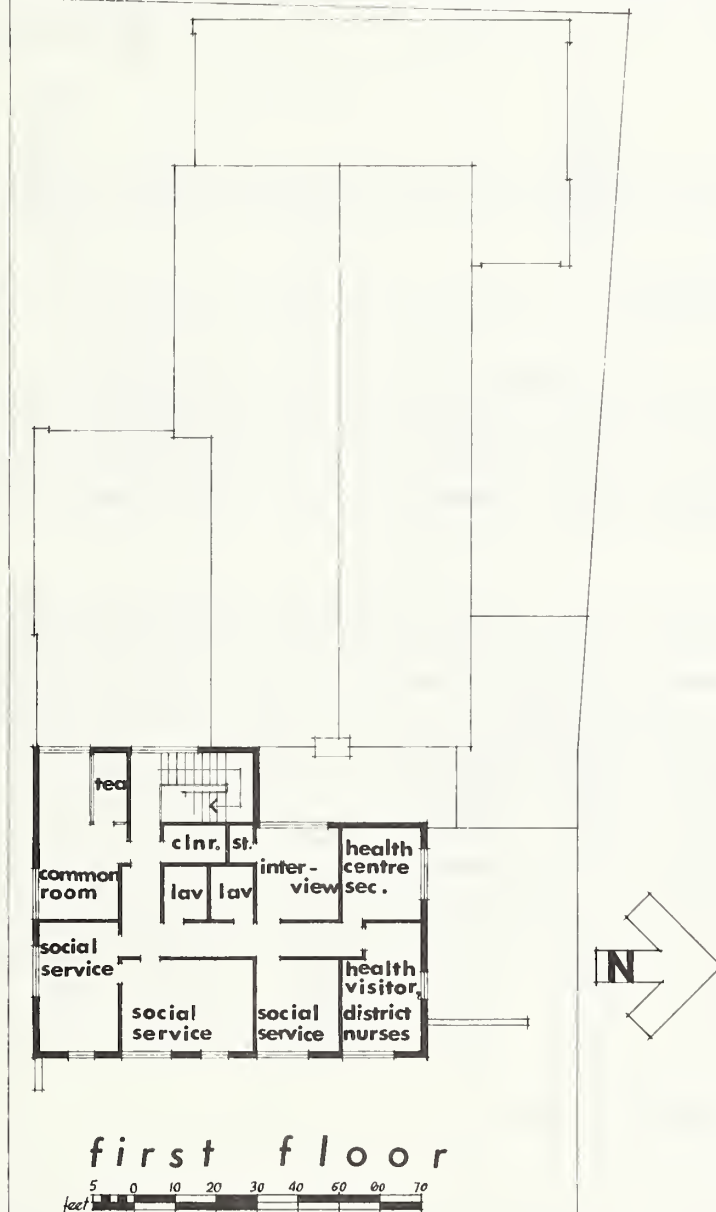


ground floor

Dorset County Council
J Hurst ARIBA
Architect

1:

Bridport health centre



Dorset County Council
J Hurst ARIBA
Architect

1:

Mothercraft and Relaxation Classes

The popularity of these classes since the introduction of the psychoprophylaxis method of relaxation was introduced has continued and the number of women attending such sessions is given below:-

Year	No. attended
1966	666
1967	717
1968	765
1969	814
1970	872
1971	817

Child Health Clinics

There were minor adjustments in the number of sessions held in one or two places to cope with the alteration in demand but no new clinics were set up during the year. When we moved to the health centre in Bridport the child health clinics were changed over entirely to developmental sessions for screening babies at key ages as this was felt to be most helpful for the general practitioners working here. Cases are being increasingly referred to this developmental clinic by family doctors working in the centre.

In the county as a whole there was a slight fall in health visitor sessions complemented by an increase of medical officer sessions. The number of babies attending remained much the same.

Number of children who attended during the year				No. of sessions held by					
	Born in year of report	Born in previous year	Other Pre - School Children	Total	MO	HV	GP	Hosp.	Total No. of sessions
1968	3,311	3,264	4,711	11,286	1,016	769	44	-	1,829
1969	3,043	3,094	4,074	10,211	1,085	735	-	-	1,820
1970	3,164	3,409	4,064	10,637	1,083	765	26	-	1,874
1971	3,263	3,349	3,973	10,585	1,121	746	-	-	1,867

The Care of Handicapped babies**Assessment Clinic**

The clinic jointly run by Dr Vulliamy and Dr Townsend has continued to be well used, although the direct referral of children by general practitioners remains disappointing, many children continuing to be referred to the paediatric out-patients. This, I believe, is due to the fact that general practitioners were not given sufficient information about this clinic initially. We have been fortunate this year in the addition of a paediatric physiotherapist to the team. This is a

hospital appointment but the physiotherapist attends most of our sessions so that we are able to extend the range of our help to the children in need of this service.

	No. of sessions	No. of children seen	New cases seen
1968	29	130	29
1969	23	128	28
1970	28	147	37
1971	24	125	28

Developmental Testing

During the year 146 children were tested for the first time of whom forty-two were seen at the premature baby follow-up clinic, eight in connection with the special hearing assessment clinic and three at the request of the Social Services Department in connection with adoption.

Health visitors continue to refer babies for assessment if they are worried about progress and in this way several severely handicapped children have been diagnosed for the first time.

	New Cases	Repeat tests	Total all Tests
1968	77	46	123
1969	96	58	154
1970	147	63	210
1971	146	69	215

Family Planning

Contraceptive advice is given through the agency of the Family Planning Association who hold clinics at Blandford, Bridport, Dorchester, Ferndown, Lyme Regis, Swanage, Wareham and Weymouth. Consultation and supplies are made available free of charge to patients resident in the county who should not become pregnant for medical reasons. Information about the services available in Dorset may be obtained from the Deputy Branch Administrator, The Branch Office, The Family Planning Association, 33b High East Street, Dorchester (Tel 4012).

At Poole the local authority offers a direct service which includes the provision of free contraceptive advice and supplies for persons with a medical reason for avoiding pregnancy, and the Family Planning Association also holds a clinic, premises having been made available to them at Poole Hospital.

Attendances at these clinics during the year are as follows:-

Family Planning Clinic Attendances

	New Patients	No. of sessions	Medical Cases
Blandford	83	44	24
Bridport	62	39	42
Dorchester	165	110	82
Ferndown	179	108	82
Lyme Regis	15	10	8
Poole (LA)*	292	218	12
Poole (FPA)+	258	73	11
Shaftesbury	81	23	5
Swanage	96	49	59
Wareham	61	44	31
Weymouth	180	78	122

* Figures refer to four clinics at separate premises.

+ Clinic commenced 9 March 1971. Medical cases are resident in the county area.

Cervical Cytology Clinics

These clinics continued during the year with encouraging figures for three-year recalls.

	County Area			South Dorset Area			Totals		
	1969	1970	1971	1969	1970	1971	1969	1970	1971
No. of smears taken	2,311	1,862	2,272	831	1,111	747	3,142	2,973	3,019
No. of patients with invasive carcinoma	1	1	-	-	-	-	1	1	-
No. of patients with carcinoma in situ	5	4	2	1	4	-	6	8	2
No. referred to GP for other reasons	193	123	118	47	28	3	240	151	121

Similar statistics are not available for Poole Borough but the number of smears taken was 830 in 1969, 1,000 in 1970 and 1,100 in 1971.

Distribution of Welfare Foods

As in previous years, we have continued with the help of the Womens Royal Voluntary Service to arrange distribution centres in all areas and I do thank this Service and other voluntary workers for their assistance in this task.

The issue of cod liver oil was officially discontinued from 1 April 1971 as was orange juice after 31 December 1971. However, stocks are still available and are being delivered as required. In April 1971, vitamin drops for children were introduced and there has been a gradual uptake throughout the year. Vitamin A, C and D drops for expectant and nursing mothers have also become available and demand for these will no doubt increase.

Issues of the various welfare foods during the past three years are shown below:-

	National Dried Milk	Cod Liver Oil	Vitamin A & D Tablets	Orange Juice	Vitamin A C & D drops
1969	10,208 packets	3,460 bottles	4,713 packets	73,422 bottles	-
1970	7,770 packets	3,312 bottles	4,357 packets	80,975 bottles	-
1971	7,239 packets	2,156 bottles	3,217 packets	78,462 bottles	5,239 bottles

Dental Treatment - Priority Classes

On 31 December 1971 there were fourteen dental officers, two dental auxiliaries and two dental hygienists on the staff in the County and South Dorset which, with four dental officers in Poole, gave a whole-time equivalent, based upon the total number of sessions worked, of 18.2 officers. During the year 384 sessions were devoted to the dental care of expectant and nursing mothers and thirty-nine sessions to dental health education, an overall increase of eighty-nine over the previous year.

The tables below illustrate the development of the service in representative years since 1951, the first year in which comparable figures were returned. It will be seen that there is a distinct falling off in the numbers of mothers seeking treatment and being treated and that the pattern of treatment performed has altered, comparatively more teeth per patient being filled and fewer extracted. The number of general anaesthetics administered has dropped greatly, indicating that far fewer patients with grossly decayed teeth are requiring treatment. It is interesting to note that while formerly the majority of mothers were treated at the three main centres, Dorchester, Poole and Weymouth, now by far the greatest number is treated in Sherborne. It seems likely that this is occurring because the dental officer there is able to offer an evening session and that many patients, formerly deterred from seeking treatment due to household commitments, are now able to obtain it when their husbands are at home. Consideration is being given to the possibility of introducing evening sessions in other areas.

The increase in the numbers of pre-school children inspected is largely due to the co-operation of the Dorset Association for the Under Fives which actively supports the inspection of play groups. Although comparatively few children requiring treatment are discovered, the very fact that an inspection has been deemed to be necessary serves to imprint the need for dental care upon the minds of the parents of these very young children. This is endorsed by the teaching of the rudiments of dental health to them by the dental auxiliaries.

Inspection and Treatment of Mothers

	1951	1956	1961	1966	1971
Number Inspected	179	250	251	208	139
Number treated	150	245	203	177	109
Number of teeth filled	217	190	252	363	307
Number of teeth extracted	333	324	403	260	112
General anaesthetics	189	39	80	30	3

Inspection and Treatment of Pre-School Children

Number Inspected	383	635	663	900	1,406
Number treated	319	536	548	652	796
Number of teeth filled	125	262	518	924	1,354
Number of teeth extracted	494	535	787	472	492
General anaesthetics	249	322	399	472	176

During the summer a trial presentation to younger age groups of project teaching was made to children at York Road, Dorchester. The method of project teaching is referred to in the Annual Report for 1968, and the film "Out of our Mouths" was based upon its concepts. The trial was astonishingly successful. There is no doubt that teaching by experimentation is enjoyed by both teacher and pupil and, in the short term at least, produces excellent results. Whether in the long term, the teeth of the children of Dorset will show material improvement remains to be seen. I am grateful to Mr David Downton and Mrs Seel for their co-operation.

As always the dental health education team, ably led by Mrs Margaret Meech, have given of their best, and during the year have delivered forty-five talks to play groups, mothers, Young Wives Groups and Parent/Teacher Associations. Their message continues to advertise the dangers of between-meal eating of sweet and sticky foods and, judging by the fewer number of deciduous teeth extracted in the younger age groups, appears to be having some effect.

Dental Treatment - Statistics

	<u>Mothers</u>	<u>Children</u>
First visits	109 (130)	796 (732)
Subsequent visits	273 (195)	808 (780)
Total visits	382 (225)	1,604 (1,512)
Additional courses of treatment commenced	10 (6)	117 (74)
Fillings	400 (329)	1,452 (1,382)
Teeth filled	370 (307)	1,354 (1,282)
Teeth extracted	112 (85)	492 (336)
Administrations of general anaesthesia	3 (8)	176 (159)
Emergencies	20 (12)	166 (99)
Patients X-rayed	11 (8)	10 (8)
Prophylaxes	73 (58)	208 (196)
Teeth otherwise conserved	5 (0)	156 (165)
Teeth root filled	2 (0)	- -
Inlays	0 (1)	- -
Crowns	1 (2)	- -
Courses of treatment completed	92 (100)	752 (711)
Patients supplied with full dentures	2 (3)	- -
Patients supplied with other dentures	12 (8)	2 -
Number of dentures supplied	16 (14)	2 -
Number of patients inspected for the first time	127 (139)	1,406 (1,334)
Number of patients who required treatment	117 (130)	895 (817)
Number of patients who were offered treatment	116 (130)	848 (770)
Number of sessions:-		
Treatment	384 (324)	
Dental Health Education	39 (10)	

(Figures for 1970 are shown in brackets)

The Dental Treatment of Mentally Handicapped Patients

1971 has been marked as the year in which responsibility for the care of mentally handicapped patients has devolved from the Health Department to the Social Services Department for those over the age of sixteen, and to the Education Department for those younger children attending what used to be called Junior Training Centres.

As far as the Dental Section is concerned, no change has taken place - dental care is still, as always, provided for all mentally handicapped patients desirous of receiving it. Nevertheless, I am still concerned as to whether the needs of all mentally handicapped persons in the community are being catered for. Those attending training centres are sure of being offered the necessary treatment as a result of regular routine inspections, but the parents of those living at home may not be aware either of the need for treatment or of its availability. Although many of the more tractable and less seriously handicapped can, and do, receive treatment from the General Dental Service, that service is neither equipped nor has the time available, to treat the more seriously handicapped. It is to be hoped that when the Area Health Authorities are set up it will be possible to provide a comprehensive treatment service for all handicapped patients wherever they live or work.

During 1971 the following treatment was provided for adult mentally handicapped persons:

Number inspected	96
Number offered treatment	64
Number requiring treatment	78
Number treated	55
Number of attendances for treatment	126
Permanent teeth filled	59
Permanent teeth extracted	9
Administration of general anaesthesia	1
Number of dentures supplied	3
Prophylaxes	34

Dental Needs of the Elderly

For some time there has been speculation as to whether the dental needs of all sections of the community were being fully met by the available resources. During the early part of the year a study was made among elderly persons living in local authority run homes in Dorset to determine the extent of the need and demand for dental care. If the need for this could be established in old persons' homes where the standard of general care was high it might be assumed that considerably greater need for dentistry would exist among those living alone in their own homes.

In all 541 old persons were questioned and Table I sets down the results:

TABLE I

	NUMBER	PERCENTAGE
Were born and bred in Dorset	274	52%
Enjoyed their meals	478	88%
Had no natural teeth	442	82%
Said that they had some useless old stumps	44	8%
Had some old stumps that caused trouble	39	7%
Had a sore mouth in the past year	132	24%
Brushed their gums when they cleaned their teeth	157	28%
Complained of bleeding gums	18	3%
Wore dentures	398	73%
Were satisfied with their dentures	342	63%
Always wore their dentures all day	383	70%
Sometimes wore their dentures all day	13	2%
Said that their dentures were comfortable	358	66%
Ate with their dentures	392	72%
Said that their dentures were slack	167	31%
Found that their dentures were easy to keep clean	368	68%
Habitually wore their dentures all night	120	22%
Visited the dentist sometimes	25	5%
Visited the dentist regularly	52	10%
Were visited by a dentist	23	4%
Would like to be visited by a dentist	293	54%
Admitted to having had their food specially prepared	9	2%

Many of the dentures were constructed in vulcanite and had worn extremely thin with sharp edges. These were surprisingly well tolerated by their owners, and appeared in many cases to be the original dentures supplied. Such remarks as: "I couldn't get on with the new ones, so I went back to the old set". "I've had them for forty years - none of your modern plastic muck", were used in their defence. It is probably that the figure of 167 admitting to "slackness" of dentures is much lower than the true picture as this question was often hotly denied - and the teeth surreptitiously pushed back into place.

A considerable amount of argument always arose as a consequence of asking whether dentures were worn at night. This question invariably divided a crowded lounge into two factions, each extolling the virtues of their own particular practice. In some homes, residents were advised not to wear their dentures at night and although there was no history of anyone actually swallowing their dentures, there was one story of dentures having had to be removed from the "back of the throat" of a sleeping old man. Many of those who complained of having had a sore mouth, added the rider: "But you must expect that at my age".

That 28% of those examined brushed their gums although only 18% possessed natural teeth underlines the fact that some found that brushing their edentulous gingivas "made their mouths feel more fresh".

The numbers of those admitting to being on a special diet or having their food cut up for them is low and disguised an attempt to show that they were not troublesome. It must also be realised

that most of the food supplied to old people is designed to be easily digested and frequently requires little or no mastication.

People residing in an old persons' home have not, of course, been "taken into care" as children living in a children's home may have been. They are those who for various reasons find it more convenient to live in a community equipped with a resident staff to look after them. They are independent and remain individuals, but many of them seemed to feel that had they not been so crotchety in the past, they would still be living with their families, surrounded by their grandchildren. Many consequently appeared to feel that it might be better to suffer in silence than to make a fuss about anything and it was thought that this might have some bearing upon the replies that were given by the 398 who wore dentures.

TABLE II

Percentages of the 398 who wore dentures who:-

Complained of having sore mouths in the past year	28%
Brushed their gums	29%
Were satisfied with their dentures	86%
Found their dentures comfortable	90%
Ate with their dentures	98%
Found that their dentures were "slack"	42%
Found their dentures easy to clean	92%
Wore their dentures at night	30%

Dentures can of course be used for eating even if their wearers find them uncomfortable, comfort alone not guaranteeing satisfaction, but it is astonishing to discover the apparent trivialities that cause loss of satisfaction. One old lady, apparently equipped with a perfect set of dentures, did not like them because they were most unsuitable as "the front teeth were a lighter shade than the back teeth".

Of the 541 examined, sixty-eight neither had natural teeth nor wore dentures, and generally appeared to be among the happiest and healthiest of those interviewed. Most of them professed to be able to eat anything, including lettuce, but some admitted to being defeated by hazel nuts. One charming old lady of over ninety attributed her general feeling of well-being to the facts that: "I've never been married - marriage is very aging. I go for a three-mile walk every day and I haven't had any teeth for over thirty years".

Of the 422 who had lost all their natural teeth, 4.3% were born and bred in high fluoride areas; while of the ninety-nine who had natural teeth still standing, 6% came from high fluoride areas.

Although too much should not be made of an investigation such as this which depends upon the interpretation of replies made by old people, often living only for the present and allowing this fact to influence their answers, it appears definite that there is a demand for treatment that is not being met at present. That there is a need is beyond question.

In the past it has sometimes been felt that too much provision for dental care among the old is a waste of money, but nowadays when modern medical science has greatly increased life expectancy, this view has been superceded by one which does not deny the comforts of life to those whose working life is over at a time when available financial resources are insufficient to provide a complete service for all children at risk. It is debatable whether it is justifiable to suggest that some monies are diverted to the elderly.

There is at present no statutory responsibility laid upon local authorities to provide for the dental care of the elderly, who, with the remainder of the population are at liberty to seek it from the General Dental Service. There is provision within that service for the payment of a fee for domiciliary visits, but as this is a fee for a visit to one address and not per person visited, a visit to an old persons' home only commands one fee, irrespective of the number of persons treated. This fact, coupled with the exacting and time-consuming nature of the work involved in providing dental care for the elderly, serves to highlight the public spirited action of those dentists who under local arrangements carry out complete dental treatment in certain homes often at financial loss to themselves.

A New Management Structure for Community Nursing

The Report of a Working Party on Management Structure in the Local Authority Nursing Services was published in October 1969 and became known as the Mayston Report. Their reference was "to consider the extent to which the principles of the Salmon Report on senior nursing staff structure in the hospital service are applicable to the local authority nursing services, and what changes in the structure of senior posts and changes in the definitions of posts may be required".

Agreement was reached between the Department of Health and Social Security and Dorset County Council during the autumn of 1971 on the nursing management structure based on the Mayston Report. In 1968 the county was divided into areas of middle management for the purpose of nursing administration. A further innovation was accepted in principle for first-line management to be phased in according to the needs of the service. It is envisaged that there will be a total of six such posts - covering home nursing and health visiting - three posts in East Dorset and three in West.

Attachment of Staff

Group practices in four areas of the county now have nurses and health visitors attached to their practices; three practices have partial attachment whenever possible, and the senior general practitioner of a group practice is invited to attend the appointment interview for prospective attached staff. This is welcomed by all concerned and discussions are in progress regarding further attachments of staff to other practices.

The Nursing Officers are in close communication with general practitioners and discussions take place relating to the function of home nurses, midwives and health visitors. The Health Centre at Bridport opened in June and the staff derive their work mainly through the Centre and form rosters for daily nursing procedures in the surgery.

Midwifery

During the year 183 midwives notified their intention to practise. Of these 125 were employed by Hospital Management Committees, two were employed in private practice and the remainder were in local authority service.

With the co-operation of hospital midwifery administrators, the local authority midwives conduct planned deliveries in Portway Hospital, Weymouth. This scheme provides continuity of care by the same midwives and allows them to use their specialist skills to the full. It is popular with patients and staff alike.

A general practitioner six bedded unit adjacent to the county boundary (Boscombe) is staffed entirely by the relevant local authority midwives in whose districts the mothers reside. They attend their patients and conduct the delivery. Subsequent transfer to their homes ensures sustained care from the midwives. A joint appointment of a local authority hospital midwife was launched during the year and is proving satisfactory. She is employed as a midwifery sister in the local maternity unit for an agreed number of hours weekly, the remainder of the working week she is employed by the local authority. This venture provides job satisfaction for the midwife and helps the staffing situation of the unit.

Training of Pupil Midwives

Pupils undertaking Part II midwifery are trained by the teaching midwives of the local authority during their secondment to the district. In some instances they accompany their teacher into hospital, as outlined above, and help in the actual deliveries. The accent in training is on community care; pupils are given an insight into this by programmes organised by the close co-operation of the community health teams.

Loss of life associated with childbirth

For the first time in two years there was a maternal death during the year. This was caused by cerebral haemorrhage in a patient suffering from toxæmia, who already had essential hypertension. Ante natal care had not been sought.

Neonatal deaths

There were forty-three neonatal deaths during the year, compared with forty-four last year. The still births numbered seventy-eight as compared with sixty-one in 1970.

The following table shows the causes of neonatal death:-

Cause of Death	1971		1970	
	Number dying	% of total	Number dying	% of total
Prematurity	11	25.6	16	36.4
Prematurity and respiratory disease syndrome	8	18.6	-	-
Total prematurity	19	44.2	16	36.4
Atelectasis	-	-	4	9.1
Congenital defects	9	20.9	6	13.6
Respiratory infection	6	14.0	5	11.4
Asphyxia	4	9.3	4	9.1
Birth injury	4	9.3	3	6.8
Other	1	2.3	6	13.6
Total deaths	43	100%	44	100%

HEALTH VISITING (SECTION 24)

The staff continue to visit and advise on health matters to all age groups. The role of the health visitor continues to remain clearly defined as the nurse with post registration qualification who provides a continuity service to families and individuals in the community. Her work has five main aspects as set out in the following extract from a World Health Organisation Technical Report:-

- (1) The prevention of mental, physical and emotional ill health and its consequences.
- (2) Early detection of ill health and the surveillance of "high risk" groups.
- (3) Recognition and identification of need and mobilisation of appropriate resources where necessary.
- (4) Health Teaching.
- (5) Provision of care: this will include support during periods of stress and advice and guidance in cases of illness as well as in the care and management of children. The health visitor is not, however, actively engaged in technical nursing procedures.

In certain areas around the county boundary cross-border visiting for staff attached to general practitioners was commenced. The continuity of care, and the improved liaison between doctor and health visitor outweigh any disadvantages such as time spent in travelling and clerical work attuned to two (or three) different health departmental administrations.

Cases visited by Health Visitors

	1970	1971
Children born in year of report	5,962	6,500
Children born in preceding year	6,397	6,444
Other pre-school children	12,557	12,488
Total Children 0-5 years	24,916	25,432
Persons aged 65 or over	2,980	2,699
Number of these who were visited at the special request of general practitioner or hospital	1,005	1,003
Mentally disordered persons	49	64
Number of these who were visited at the special request of general practitioner or hospital	24	40
Persons discharged from hospital (other than mental hospital)	545	506
Number of these who were visited at special request of general practitioner or hospital	294	258
Number of households visited in which there was a tuberculous case.	70	55
Number of households visited on account of other infections	47	55
Other cases	5,155	5,313
Total number of cases	33,762	34,124
Number of tuberculosis households visited by tuberculosis visitors	47	26

Since the Queen's Institute of District Nursing withdrew their training facilities, the responsibility for providing district nurse training rests with the local health authority. On appointment, the majority of nurses do not possess their District Nurse Training Certificate, but they are encouraged to take their training in order to improve the quality of the service they give. Of the seventy-three nurses and nurse/midwives in post, thirty-nine have not received their training representing 53% of the nursing establishment.

Dorset has so far been unable for financial reasons to implement its own training course but currently, through the kindness of adjacent health authorities it is possible to second staff to take their District Training Certificate, either by day release courses, or by a twelve week secondment according to the availability of staff. During the year six nurses were trained by these means. It is hoped that it may be possible to launch a district training programme in Dorset within 1973/4.

IMMUNISATION AND VACCINATION (SECTION 26)

Immunisation against diphtheria, whooping cough, tetanus, measles and poliomyelitis continues to be offered to the young child. At thirteen years of age vaccination against German measles is made available, and later those children who have not already experienced their primary infection of tuberculosis are offered BCG vaccine.

On advice from the Chief Medical Officer of the Department of Health routine vaccination against smallpox in infancy was discontinued. Although vaccination against smallpox in the second year of life has a minimal incidence of complications it was nevertheless felt that even this small incidence did not justify persistence in such a routine procedure at that age, especially as the chances of the disease being introduced into the country had lessened. It is of course still necessary that smallpox vaccination should take place if there is any chance that a person has been in contact with the disease or if travel to a country where the disease is endemic is contemplated.

Number of children who completed primary courses of prophylaxis

	Diphtheria	Whooping Cough	Tetanus	Measles	Polio (oral)	Polio (inject.)	Total Polio	Rubella
1967	4,467	4,238	4,844		4,877	10	4,887	
1968	4,013	3,782	4,340	8,857	4,608	-	4,608	
1969	2,812	2,603	3,240	3,505	3,186	-	3,186	
1970	4,450	4,138	4,824	4,716	4,532	-	4,532	1,187
1971	4,468	4,159	4,761	4,114	4,546	-	4,546	2,537

Number of children receiving secondary (booster) doses

	Diphtheria	Whooping Cough	Tetanus	Polio (oral)	Polio (inject.)	Total polio
1967	7,552	3,179	8,789	5,597	12	5,609
1968	8,430	3,058	8,794	5,853	-	5,853
1969	6,947	2,019	8,488	7,625	-	7,625
1970	6,666	1,303	8,321	7,929	-	7,929
1971	6,387	1,089	8,318	8,329	-	8,329

Number of children receiving smallpox vaccination

	Primary vaccination			Re-vaccination
	0-1 year	1-4 years	Total of all ages	All ages
1967	201	2,648	3,031	502
1968	118	2,522	2,792	455
1969	57	2,075	2,354	478
1970	46	2,575	2,770	536
1971	17	1,421	1,552	381

Organization and Control of the Service

In May, Fire Brigade Headquarters were relieved of the responsibility for the night time control of the ambulance service. Twenty-four hour control is now established in the ambulance section of the department. This change has undoubtedly enabled both services' controls to exercise greater efficiency in the control of their respective services.

Use of the Service

During 1971, 186,502 patients were conveyed by road, a total of 1,816,983 miles representing increases of 7.06 per cent and 6.35 per cent respectively compared with 1970. In addition 73 patients were conveyed by rail (91 in 1970), a total of 9,456 rail miles (12,528 miles in 1970). No patients were carried by air (one patient in 1970). The growing number of day-case patients and attendances at out patient departments is the main factor accounting for the continual increase in the use of the service.

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year
1962	518,983		740,794		1,259,777	
1963	512,242	- 6,741	737,551	- 3,243	1,249,793	- 9,984
1964	524,387	+12,145	853,634	+116,083	1,378,021	+128,228
1965	551,616	+27,229	934,140	+ 80,506	1,485,756	+107,735
1966	526,810	-24,806	998,463	+ 64,323	1,525,273	+ 39,517
1967	556,347	+29,537	1,005,504	+ 7,041	1,561,851	+ 36,578
1968	547,887	- 8,460	1,000,795	- 4,709	1,548,682	- 13,169
1969	536,245	-11,642	1,039,610	+ 38,815	1,575,855	+ 27,173
1970	549,058	+12,813	1,159,360	+119,750	1,708,418	+132,563
1971	580,173	+31,115	1,236,810	+ 77,450	1,816,983	+108,565

Staff

Three new entrants to the Service received post entry training at Bishops Waltham, Hampshire. In addition, two experienced members of the staff with more than five year's service attended two weeks' refresher courses. Of the sixty-six station staff in service at the end of the year, forty-two had attended various training courses at the Regional School since 1967. Local in-service training was also commenced covering the use of resuscitators, aspirators and oxygen equipment which had been part of service equipment for some time; also initial instruction in the use of Entonox, spinal boards and cervical collars, which were first issued during the year.

Three additional Control Officers were appointed in May when twenty-four hour control was established.

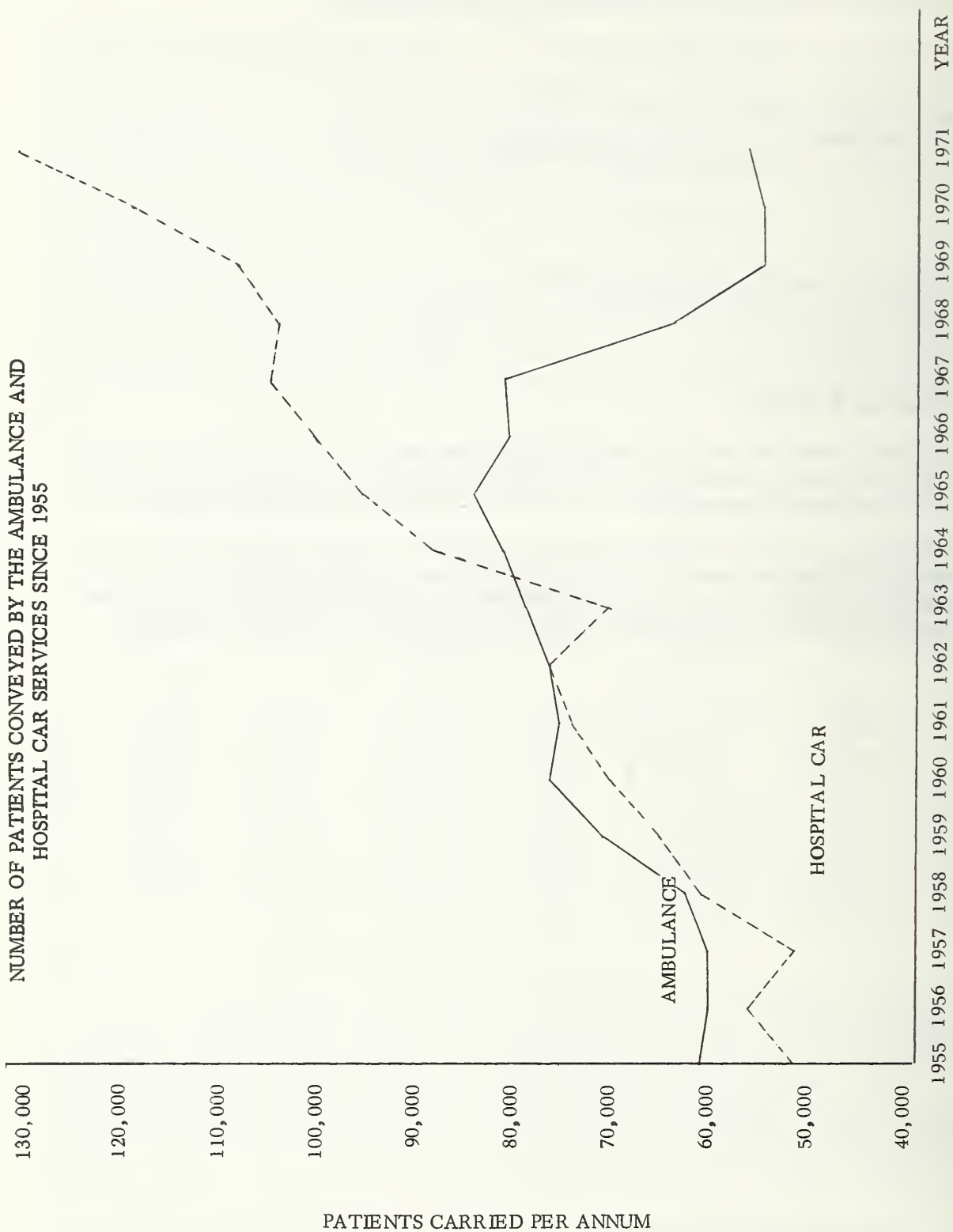
The over all establishment at 31 December 1971 was as follows:-

County Ambulance Officer	1
Clerical and Control Officers	9
Supervisor, deputy Supervisor and Head Drivers	14
Full time Ambulancemen	52
Part time and Voluntary (to equivalent full time)	10
	—
	86
	—

Vehicles and Equipment

Three replacement vehicles were purchased during the year. Two of the vehicles were built on the 3 litre Austin car chassis to provide comfort for patients travelling long distances and one on a Bedford CF chassis with rear tail lift for use of patients travelling in wheel chairs.

The equipment carried in front line ambulances throughout the County was improved by the addition of Entonox equipment, spinal boards and cervical collars. Ambulances operating in the North of the County where a general practitioner Accident Care Scheme was commenced in February now also carry intravenous infusion equipment to be used in combatting shock.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

The Dorset Branch of the British Red Cross Society continue to help with the loan of medical apparatus required in the home. This service is extended to patients discharged from hospital or to those confined to home who are aged or chronically sick. (The range of equipment loaned is considerable from a bed-pan, or commode to a bed-table or air-ring). Social services officers and nursing staff co-operate in assessing which apparatus or medical equipment is suitable for these patients and they also arrange for its conveyance if required.

Tuberculosis

A central register of tuberculosis cases is kept by the department. The follow-up of these cases is complex, contacts must be interviewed, families x-rayed, and correspondence may ensue with other counties when contacts have moved on or a case has been living elsewhere. Close co-operation is necessary between district medical officers, health visitors, chest physicians and radiography departments. Occasionally veterinary surgeons are involved when a human/bovine link in the disease is suspected.

BCG Vaccination of Schoolchildren

All young children have a tuberculin skin test on entry to school. This is a public health measure checking upon family health as well as the health of the child. Most children are non reactors and the minority who show a significant reaction are offered a chest x-ray. Depending upon whether the original reaction is severe, and the conclusions to be drawn from the child's x-ray picture, home contacts may also be offered chest x-ray. During the year 4,700 children were tested, and forty were positive reactors, (0.85% positive). These positives do not include those children who would react due to BCG vaccine given in infancy.

BCG vaccination against tuberculosis continues to be offered to thirteen year old schoolchildren and is one of the most valuable prophylactic measures of childhood. 4,517 thirteen year olds were Heaf tested. There were 376 reactors, (8.32% positive). A total of 3,734 negative reactors were given the protection of BCG vaccine.

The great majority of the positive reactions recorded are of the mild type classified as grade one reactions and it is now considered that these are more likely to indicate non-specific sensitivity to the test material rather than tuberculous infection. For this reason the number of children showing second, third and fourth degree positive reactions to the Heaf test might be expected to provide a more accurate indication of the amount of tuberculous infection in the community than if children with mild or dubious reactions were included. In the whole county, 157 children (3.5%) in their thirteenth year had positive reactions of grade two or over.

Mass Radiography

Up to the end of 1967, two mobile mass radiography units operated, the larger of the two units undertaking mass examinations of the public. A review of the services was carried out in that year and, as the cost of examination of unselected population proved more prohibitive each year, it was decided that the larger unit should be withdrawn and the x-ray set installation at the Royal National Hospital, Bournemouth, should be used as a static unit providing a daily service for patients referred for examination.

The remaining unit, relieved of work in Bournemouth, has since been used to given an expanded service for referred patients outside Bournemouth.

I am indebted to the Medical Director of the Mass Radiography Centre for the following details of their work in Dorset: -

15J 100 mm. Unit - Surveys Carried out in Dorset During 1971

		Males	Females	Total
Blandford	General Practitioner Sessions	447	284	731
Dorchester	" " "	130	184	314
Ferndown	" " "	185	191	376
Oakdale	" " "	247	200	447
Parkstone	" " "	351	357	708
Poole	" " "	932	804	1,736
Portland	" " "	117	130	247
Swanage	" " "	113	110	223
Wareham	" " "	141	117	258
Weymouth	" " "	596	707	1,303
Wimborne	" " "	185	173	358
Maiden Castle House, Dorchester (Contacts)		17	49	66
FMC Abattoir, Wimborne (Employees)		59	1	60
Sydenham-Millson, Parkstone (Contacts)		40	6	46
		3,560	3,313	6,873

An analysis of the results is as follows: -

Number examined = 6,873

Referred to Chest Clinic = 236

	Males	Females	Total
Tuberculosis, requiring hospital treatment	2	1	3
Tuberculosis, requiring domiciliary treatment		1	1
Tuberculosis, requiring occasional supervision only	38	19	57
Carcinoma of lung	36	10	46
Cardiovascular lesions	18	7	25
Other conditions (non-tuberculous)	66	36	102
Not yet classified	1	1	2
	161	75	236

Referred to Doctor or Hospital = 127

	Males	Females	Total
Carcinoma of lung	6	3	9
Cardiovascular lesions	54	31	85
Other non-tuberculous conditions	21	8	29
Not yet classified	3	1	4
	84	43	127

Age Groups Examined and Incidence of Active Pulmonary Tuberculosis

	Under										
Males	14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	Total
Examined	46	28	388	366	632	570	562	294	263	411	3,560
Active Cases	-	-	-	-	1	-	1	-	-	-	2
Rate per 1,000	-	-	-	-	1.58	-	1.78	-	-	-	0.56
Females											
Examined	23	19	365	417	666	575	473	254	207	314	3,313
Active Cases	-	-	-	-	-	1	1	-	-	-	2
Rate per 1,000	-	-	-	-	-	1.73	2.11	-	-	-	0.60

Venereal Disease

The Dorset patients dealt with for the first time at treatment centres in 1971 are classified in the following table. The figures in brackets relate to the previous year:-

Treatment Centres	Syphilis	Gonorrhoea	Other Conditions	Totals
Bournemouth	7 (7)	191 (97)	624 (394)	822 (498)
Dorchester	1 (-)	10 (7)	53 (53)	64 (60)
Salisbury	- (1)	2 (4)	17 (17)	19 (22)
Yeovil	- (-)	4 (-)	18 (13)	22 (13)
Weymouth	1 (-)	25 (17)	132 (137)	158 (154)
Southampton	- (-)	5 (4)	21 (15)	26 (19)
Winchester	- (-)	- (2)	5 (18)	5 (20)
	9 (8)	237 (131)	870 (647)	1,116 (786)

Renal Dialysis in the Home

To control some chronic disease we accept readily that daily medication is needed. Epilepsy and diabetes are two examples which come to mind. We also accept that it is necessary occasionally to rest certain parts of the body in order that they may recover health. The immobilisation of a limb following fracture, the occlusion of an eye for squint, and the surgical interruption of the continuity of the bowel to rest the colon are all examples of this. It is only with difficulty that we envisage a machine actually taking over a bodily function, and the very real breakthrough surgeons have obtained in grafting major organs, referred to in the popular press as "spare part" surgery is sometimes viewed with suspicion. Yet with the advent of the artificial kidney machine, patients suffering chronic renal disease are now enabled to live reasonably full lives, and if the opportunity for kidney graft presents itself, are in better physical condition to undergo the operation.

If a patient is considered suitable for artificial dialysis it is essential that progression to treatment at home is considered if practicable otherwise hospital care would never cease. Both patient and community would gain little from such a situation. A patient admitted with advanced renal disease will require a period for recovery of general health and may then over three months or so acquire sufficient skill to handle a dialysis with little help other than in going 'on' and 'off' the machine.

Since 1969 the department has assisted eight patients in setting up facilities for home dialysis. The number of patients seeking help is likely to increase steadily over the years and may well average out at approximately one per general practice. Assistance at home is jointly provided by the Hospital and Local Authorities. The Hospital lends the dialysis equipment, pays for electricity and may provide a telephone in certain cases. Local Authorities may provide suitable housing, and the Health Authority may need to make available monies to build or adapt an extra room of about 1,000 sq ft for treatment. A sink, a hospital bed, a dialyser, a monitor, electrical points and storage space are all necessary in the room. Sometimes it is possible to adapt a garage adjacent to a house; sometimes a house extension is necessary; sometimes a family must be rehoused before any thought of home treatment is possible. The following table gives some idea of the number of patients helped by the department in this way:-

	1968	1969	1970	1971
Number of patients on home dialysis	1	2	2	2
Total cost of home facilities charged to LHA	£485.36	£703.17	£575.2	£1,603.28

The cost of treatment to the hospital is also considerable and is in the order of £2,000 down plus £1,000 per year for each patient. "Home" dialysis means dialysis mostly at home. Occasional return to the artificial kidney centre, routine blood tests, support for the patient and regular delivery of stores are a continuous need.

Dialysis is an extra chore for a patient as it requires two sessions of fifteen hours treatment per week or three sessions of ten hours per week on the machine. Dialysis at home is a great advantage because he can adjust his dialysing hours to suit his personal needs. He can also be with his family. Time which would otherwise be spent travelling to hospital is gained, and there is less likelihood of cross infection particularly with the infective hepatitis virus taking place. If finally he decides to accept an operation there is at present an 80% chance that a surgical graft will be successful when the kidney is accepted from related living donor.

HEALTH EDUCATION

The size of our population and the importance of health education as a service really demands that the attention of qualified officers should be devoted whole-time to this task. In the 1936 Public Health Act all local authorities were empowered to arrange publication of information upon health or disease by such media as lectures, picture displays and films. Again, under the 1946 National Health Service Act, power was given to undertake health education in order to prevent illness.

At present much individual health education is carried out by medical officers and health visitors who impart knowledge during their work and who undertake group instruction sometimes routinely and sometimes when asked by various voluntary organisations. The tremendous increase in the amount of dental education is particularly worthy of note and is due to the enthusiasm of our dental auxilliary and hygienists. Much additional information is provided informally by making available posters and booklets without charge.

This service should be greatly strengthened with the appointment of full-time Health Education Officers in 1972.

	Number of Talks and/or Films	Total audience
Dental Hygiene	152	4,827
Mothercraft and Child Care	35	610
Family Planning	6	290
General Health	6	197
Health Services	6	86
Drugs, VD etc	5	240
Welfare of Handicapped Persons	3	250
Smoking and Health	3	210
Immunisation	3	35
First Aid	2	80
Home Nursing	2	34
Care of the Aged	1	34
Home Safety	1	15

Materials used

Leaflets	19,200 (2,200 free)
Booklets	14,900 (12,500 free)
Posters	1,140

CHIROPODY

The Dorset Branch of the British Red Cross Society continued to provide this service as agents of the Council throughout the County, except in the Weymouth Area.

Sessions are held in the Council's clinics and in other premises and the grant to the Society was again increased to meet rising costs and greater demand. In the Weymouth Area, part-time chiropodists are directly employed by the County Council. At the end of the year, the service being provided through the agency of the British Red Cross Society had twenty-five centres in the County. The Society has continued to organise the service most efficiently and the Council is deeply indebted to the voluntary workers who devote so much time to the work.

Patients are seen by appointment, and a nominal charge of 15p is made towards the cost of the chiropodist's fees, dressings, etc. Transport is arranged when necessary and priority is given to the elderly, to physically handicapped persons and expectant mothers. A total of 2,427 sessions (each of three hours) were held at the centres during the year and there were 5,203 patients on the register at the end of the year. The respective figures for 1970 were 2,444 and 4,982. At the end of 1971 one hundred and five persons were on the waiting list.

In the Weymouth Area a total of 3,215 attendances were made at 322 sessions during the year. There were 773 patients on the register at the end of the year, compared with 752 at the end of 1970. Demand continues to exceed supply, and the average waiting time for treatment is still about three months.

REGISTRATION OF NURSING HOMES

One new home was registered during 1971 and at the end of the year there were eighteen registered homes providing 272 beds for general cases. There are no homes registered with this Authority for maternity cases, and no homes are registered under the Abortion Act 1967. The statutory periodic inspections of registered homes were carried out as in previous years, and no complaints were received about the care provided. This care is of a high standard with a wide variety of approach to the elderly patients, most of whom spend many years in the home of their choice. There is a growing emphasis on rehabilitation, particularly in walking, and services such as talking books for the blind are appreciated.

ENVIRONMENTAL HEALTH

WATER SUPPLIES AND SEWERAGE

The Provision of Piped Water and Main Drainage in Dorset

Last year, a report was prepared on progress with the provision of piped water and main drainage during the five years 1965-1970. This revealed that some £829,870 had been spent on water supply and that expenditure on sewerage and sewage disposal had exceeded £4 million.

In October 1971 the Department of the Environment published the results of a statistical survey dealing with work which had been carried out on water supply, sewerage and sewage disposal in rural areas throughout England, and the County Council were furnished with a summary of the results as they affected Dorset.

The primary object of the survey was to find out whether, and, if so, to what extent, financial provision should be made by Parliament for Exchequer contributions under the Rural Water Supplies and Sewerage Act 1944 and amending legislation. The Rural Water Supplies and Sewerage Act 1965 had increased the sum available for this purpose under Section 1 of the Rural Water Supplies and Sewerage Act 1944 from £75 million to a figure not exceeding £105 million, and as a result of the latest survey, the Rural Water Supplies and Sewerage Act 1971 received the Royal Assent in July. Its principal effect was to remove the limitation which had hitherto been made on the total sum of monies provided by Parliament for contributions towards the expenses of local authorities in respect of water supply and sewerage in rural localities.

In circulating the results of the survey, the Department of the Environment said that the recent returns had confirmed the Department's general impression that throughout England, little more 'first-time' work was likely in rural water supply but that several years' work in rural sewerage was in prospect.

As far as Dorset was concerned, the situation with the provision of piped water supply followed the national pattern in that except for comparatively isolated rural localities, piped water was now available throughout the county. The statutory water undertakers, in collaboration with the County District Councils, were doing their best to carry out extensions to their mains to areas not adequately served at present where this could be done economically and any scheme which was approved for this purpose would normally be grant-aided by the County Council.

As satisfactory as the situation was as far as the first-time provision of piped water in Dorset was concerned, the fact was that water consumption was rising considerably with the result that the need for new headworks, new reservoirs and bigger mains was likely to be perpetual.

Turning to the provision of main drainage in Dorset the position was summarised thus:-

Year	Parishes served by sewerage schemes	Parishes remaining to be sewered	Number of properties connected or able to connect to existing sewers
1965	80	177	24,164
Ø 1970	122	135	33,233
* 1971	138	119	36,370

Ø As at 30 June 1970

* As at 31 December 1971

It is estimated that at the end of 1971 there were about 59,000 properties in the 9 rural districts, of which some 36,370 - or 61% - were connected or were able to connect to public sewers.

Main drainage schemes planned for construction during the next decade would make it possible, it was believed, for 80 - 85% of all rural properties to link-up with sewerage systems. The remaining 15 - 20% would, for the most part, be situated in isolated areas, and there would be a limit to which it would be possible to go, economically, in providing sewers for remote localities of this sort.

The estimated cost of main drainage work planned for the next ten years in the rural districts alone, was £6 - 6½ million at 1970 prices.

Regrettably, as with the first-time provision of piped water, so with the first-time provision of sewerage and sewage disposal, the problem would not rest there. As population and water consumption increased, naturally the quantity of sewage to be disposed of would rise too. Thus, there would virtually be a constant need to increase the capacity of sewerage systems and extend sewage disposal works to keep place with future demand until or unless a major trunk sewerage scheme, with marine disposal, was undertaken.

During the past twenty years the total capital investment in water supply and main drainage schemes in Dorset had totalled about £24 million. Much of the credit for this must go to the rural district councils as the local sanitary authorities, but it should not be lost sight of that about two-thirds of the cost of providing sewerage had been met, jointly, by the Exchequer and the County Council.

Some idea of the impact which this capital investment programme had had on the Dorset County Council might be judged by the contributions payable annually to the county district councils and statutory water undertakers, towards the cost of sewerage and water supply schemes. The following shows the capital Budget figures for 1950-51 and at 5 yearly intervals, from that time, until the end of the last financial year:-

Budget	Sewerage Schemes	Water Schemes	Total Annual Contributions
1950/51	£1,602	£4,710	£6,312
1955/56	£9,500	£19,000	£28,500
1960/61	£42,000	£35,000	£77,000
1965/66	£74,000	£64,500	£138,500
1970/71	£129,500	£72,500	£202,000
1971/72	£142,000	£69,000	£211,000

It should be noted that while the contribution towards sewerage schemes continue to rise markedly, the deficiency payments towards water schemes had begun to decrease, partly due to the repayment of loan charges and partly to the improvement in economic viability following the greater use being made of public mains.

Reorganisation of Water and Sewage Services

In December, Circular 92/71 setting out the Government's proposals for the Reorganisation of Water and Sewage Services was received. A precis of the main provisions is given below:-

1. As from 1 April 1974, the responsibility for "water services" comprising water conservation, water supply, treatment and disposal of collected sewage, pollution control, inland navigation and, in conjunction with the other bodies concerned, the provision of facilities for water-based recreation will be undertaken in England and Wales, by ten multi-purpose regional water authorities.
2. The regional water authorities will take over the duties at present carried out by local authorities in the fields of water supply and sewage disposal, and replace the present joint water boards and joint sewerage boards. They will also assume the responsibilities of the present river authorities for water conservation, pollution control, navigation and recreation. In addition, they will take over the British Waterways Board's responsibilities for inland navigation in England and Wales.
3. Local authorities will continue to have local sewerage functions other than those which the Regional Water Authorities need for the efficient discharge of their duties.
4. The Government are proposing to retain statutory water companies which they believe can continue to play a valuable part within the new system by supplying water as agents of the Regional Water Authorities.
5. The boundaries of the Regional Water Authorities will be based on river basins or catchments and Dorset will come within Regional Water Authority No. 8. This embraces the present statutory areas of the Avon and Dorset, Somerset and the Bristol Avon River Authorities; geographically, this area includes the whole of Somerset and Dorset except the western fringes, the County Borough of Bristol, the greater part of Wiltshire, Bournemouth, Christchurch and most of the New Forest in Hampshire. The 10 multi-purpose Regional Water Authorities will assume responsibility for water services which now lie wholly or partly with 1,400 separate bodies.
6. The Government's proposals are the most radical of the alternatives discussed in the report of the Central Advisory Water Committee published in April 1971 and one of the objects would seem to be the avoidance of further reorganisation of water services by the turn of the century.
7. In simple terms, the new Regional Water Authorities will control the flow in rivers both as to quantity and quality; be responsible for the conservation and development of resources; they will abstract water for public supply, treat this water to required standards, and distribute it to consumers. By means of the local sewers they will collect this water after use - in the form of sewage and trade wastes - and conduct it to purification works; they will construct and manage sewage treatment works and accept effluents from these works for discharge into rivers with the quality standards which any particular river requires.
8. A possible complication is that while local sewerage will, according to the Circular, remain with the local authority, those sewerage functions which the Regional Water Authority need for the efficient discharge of their duties will become the Regional Water Authority's responsibility. The division is by no means clear-cut but the inference is that such main or

trunk sewers as will be necessary to convey sewage from the local treatment plants which are to be disbanded, or from certain new or existing drainage areas to, for example, a regional treatment plant or sea outfall, will be provided or taken over by Regional Water Authorities.

9. As far as finance is concerned the circular states that the Government agree, in principle, with the Central Advisory Water Committee and apart from exchequer grants for specific purposes, the revenues to enable the new authorities to discharge their main functions should come from charges for the services they provide. The indications are that if the Local Government Bill and the relevant legislation are read in conjunction with Circular 92/71, grants by the Exchequer and the new County Councils will be payable to the new district councils towards approved sewerage schemes. In this case, some of the expenditure on water and sewage services will, after reorganisation has taken place, be rate-borne, some will be met by Exchequer grants and some - the majority - will be met by charges levied by the Regional Water Authorities for the services they provide.

10. The constitution of the regional water authorities will be such that a substantial proportion of members will be appointed by local government, together with members appointed by Ministers. The Government will be obtaining opinions about the proportions between the two and about the method of appointment of the local government members.

11. It is proposed that within the area of each regional water authority there should be one or more consumer councils reflecting the various interests involved, including local authorities, major users such as industry and farming, and amenity and recreation interests. It is envisaged that the Regional Water Authority will be required to report annually to the consumer council on its plans; and to consider and reply to comments by the Council for these plans and on other matters affecting consumers' interests. If the council is dissatisfied with the reply, it will have direct access to the Ministers.

Already a number of Consultation Papers have been received from the Department of the Environment and that dealing with "Practical Arrangements for Implementation" dealt with the setting up of provisional management units for water supply and sewage disposal.

In commenting upon these proposals the Health Committee suggested to the County Councils Association that in view of their interest in sewerage and sewage disposal, County Councils should be invited to be represented at any meeting at Regional or Sub-Regional level dealing with this subject as well as on the proposed working party of officers. The County Councils Association accepted Dorset's recommendation and when, in due course, guidance was received from the Department on the setting up of working parties, provision was made for co-opting officers of County Councils wholly or mainly engaged on sewerage and sewage disposal functions.

The two Provisional Management Units for sewage disposal in Dorset are Unit Eight/1b - Parrett and Unit Eight/6 - Dorset Rivers. The County Public Health Engineer has been invited to serve on these working parties who have the responsibility of reporting to the Department by 1 April 1973 on the transitional arrangements necessary prior to and on the coming into being of Regional Water Authority No. 8.

Subjects of special interest during the year may be summarised thus:

Water Supply

Reference was made in last year's report to the Public Inquiry by the Department of the Environment between 29 June and 21 July 1971 into the Wessex Water Board's application to

develop a major source at Lower Magiston, Sydling, near Dorchester at which the County Council was represented by the Deputy Clerk assisted by the officers concerned. At the time of writing this report - mid-1972 - the Secretary of State for the Environment has not yet announced his decision.

As has been stated before, the contentious and long drawn out nature of this Inquiry coupled with the period necessary to consider and reach a decision upon the Inspector's Report highlights the difficulty which, more and more, is facing statutory water undertakers in meeting their obligations under the Public Health Act 1936 and Water Act 1945 to furnish an adequate supply of wholesome water to the consumers within their statutory area.

Because of the resistance being made to the granting of licences for the abstraction of water from rivers or from underground sources, the Health Committee agreed, in October, to a suggestion by the County Public Health Engineer that he should make a special study of the subject of water desalination in conjunction with the Atomic Energy Authority and Industry with a view, in particular, to evaluating the efficiency of the several methods of desalination and comparing the economics of these processes with the supply of water by conventional means.

As was pointed out, Dorset is favourably placed as far as natural water resources are concerned and while it should not be necessary - certainly within the next decade - to turn to desalination as a means of augmenting public water supply it was prudent to look into the claims being made for desalination not only by scientists in this field and by the makers of equipment of various types but also by those who were opposed to the development of underground or other natural water sources.

Following a decision of the Secretary of State for the Environment on the application by the West Wilts Water Board to increase the abstraction rate from boreholes at Burton Field near Mere and to abstract 2 mgd from boreholes at Brixton Deverill in Wiltshire, the Board, in conjunction with the Avon and Dorset River Authority have been carrying out a detail hydrological survey along the lines suggested by the Department of the Environment.

The position, to date is that the Board have constructed the necessary trial boreholes and the River Authority have carried out a major programme of observation borehole sinking to monitor the effects of the Board's test pumping operations.

The Water Resources Board paid a special visit to Bournemouth in the summer to discuss the proposals and, to supplement the hydrological investigations an ecological study programme has been drawn up by the River Authority including a study of flora and fauna and the construction of a special fish counting weir on the Chitterne Brook just above Codford in addition to the establishment and correlation of several measuring weirs on the Chitterne Brook and the Wylfe.

Meetings are being held at regular intervals between officers of the River Authority, the West Wilts Water Board and the Water Resources Board to ensure the effective carrying out of the programme.

Commenting on the future organisation of the water industry as outlined in DOE circular 92/71, the West Wilts Water Board pointed out in a publication dealing with the Wylfe Survey that the Bristol Avon, Avon and Dorset and Somerset River Authorities would be merged with the Dorset, Wiltshire and Somerset water undertakings into Regional Water Authority Number 8 with effect from 1 April 1974.

In this connection the Board state that "It must be remembered that whatever the long-term benefits of the new arrangement may be, they will not, of themselves, produce any more water and it is hoped that by the time the new Authority has been set up, the future water proposals for this area will have been investigated, reported and discussed and that we shall be able to enter the new Authority confident that the future of water supplies and of the rivers of the Wylfe Valley are assured."

One can only support this view and hope for a successful conclusion to the explorations for much needed additional water both for domestic purposes and to meet the needs of industry.

The Dorset Water Board have made steady progress in providing adequate water storage, in replacing mains which have served their useful life and in extending water mains to meet the increased demands, at present and in the future, both of urban and rural areas.

It is gratifying to be able to report that there is excellent co-operation between the Engineers and Managers of the Statutory Water Undertakers supplying this County viz, the Dorset, West Wilts, Wessex and East Devon Water Boards and the County Public Health Engineer. Nothing but good can come from these relationships which, it is hoped, will in one way or another, continue when the Regional Water Authority comes into being. The same may be said about collaboration with the Avon and Dorset, Devon and Somerset River Authorities.

Sewerage and Sewage Disposal

Details of main drainage schemes submitted, commenced and/or completed during 1971 are given in the Table on page 49. As impressive as the particulars given in this Table are, they by no means tell the full story. With the improvement in the economy, the relaxation of control by Central Government over schemes costing under £100,000 and the possibility of part, at least, of the functions of sewerage and sewage disposal passing out of the hands of District Councils there has been, virtually, a rush to get on with Capital Works! Where possible, authority has been obtained to proceed with approved new sewerage and sewage disposal schemes; in other cases the preparation of plans for new works has been put in hand. If a grant application is involved this is a practice which the Engineers of the County Districts in Dorset follow as a matter of routine; the proposals are discussed - usually on site; and agreement reached on an outline scheme. This procedure has worked extremely well; it has speeded up approval machinery and by one means and another saved a great deal of money.

Among the schemes completed during the year, was that for the village of Osmington, at an estimated cost of £80,500. The interesting feature of this project was that it incorporated an oxidation ditch - the first to be put into operation in Dorset. The scheme was brought into use in June and except for minor 'teething' troubles the oxidation ditch has functioned extremely well. Samples of effluent are taken regularly by the County Council's Sampling Officers in accordance with the Grant Regulations and seldom has either the suspended solid or dissolved oxygen content reached double figures. Because of the low summer flow of the stream, tertiary treatment is provided by means of grass plots but the effluent from the ditch itself is of a very high standard.

Last November, at the invitation of the Chairman of the Dorchester Rural District Council, members of the County Health Committee visited the site where the operation of the oxidation ditch was described by the County Public Health Engineer and the Engineer and Surveyor of the Dorchester Rural District Council. Subsequently, Engineers from other authorities have visited Osmington and favourable comment has been made on the layout of the works and the complete absence of smell.

Another main drainage scheme completed in the Dorchester Rural District was that for Crossways, where an existing sewage disposal works - formerly owned by the Defence Department - provides adequate treatment capacity both for present and future populations. This was a very economical scheme and the contract ran both smoothly and well.

In the Beaminster Rural District a start was made with the provision of main drainage for the very attractive village of Netherbury as part of the Bridport Joint Sewerage Scheme based upon a submarine pipeline at West Bay, Bridport. With the completion of the Asker Valley Main Drainage Scheme by the Bridport Rural District Council earlier in the year, the connection of Netherbury to the pressure pipe system rounds off the Bridport Joint Sewerage Scheme with the exception of the village of Symondsbury for which plans are being prepared by the Council's Engineer.

Reverting to the Beaminster Rural District, the Engineer and Surveyor has completed the preparation of a sewerage scheme for the village of Drimpton and work on the construction of the Stoke Abbot scheme is well in hand.

For about 50 years the Shaftesbury Borough Council have been considering improvements to the sewerage system and the construction of a modern sewage treatment plant. In 1971, the stage was reached whereby a scheme embodying an oxidation ditch was approved by DOE. Unfortunately, however, during the preparation of contract documents, site explorations revealed evidence of running sand at the works site and there has been some delay while trial holes were taken out for a closer subsoil investigation.

For some years, sewage disposal problems have existed at Sherborne and in July a scheme was submitted for modernising the existing treatment plant and constructing certain new and relief sewers. One of the difficulties facing the Consulting Engineers was the discharge into the public sewerage system of an appreciable quantity of trade effluent, much of it with a very high BOD and negotiations are in progress with the industrial managements concerned since it has been accepted that the cost of treating trade waste cannot be met out of public funds.

In the Blandford Rural District a good deal of work was done in connection with the preparation of the Stour Valley Main Drainage Scheme for the villages of Pimperne, Blandford St Mary, Charlton Marshall and Spettisbury. Provision was also made in the design of the sewage disposal works for the villages of Sturminster Marshall and Shapwick in the Wimborne and Cranborne Rural District.

The Wareham and Purbeck Rural District Council completed the drainage of Affpuddle and Briantspuddle - sewage from these villages being pumped into the Bere Regis sewerage system for treatment at the Blackheath combined works. The Council's Engineer also discussed with the County Public Health Engineer plans for a somewhat novel scheme for dealing with domestic sewage and farm waste from the charming Purbeck village of Worth Matravers. Here again, the cost of dealing with the trade waste will be met, as appropriate, by the farmers concerned.

The main activities in the Sherborne Rural District have been directed towards the preparation of a joint sewerage scheme for the villages of Leigh, Chetnole and Beer Hackett; sewage from these villages will be gravitated to the Council's Thornford works which will be extended and will deal also, in due course, with sewage from the village of Ryme Intrinseca.

Last, but by no means least, reference must be made to the very considerable further work which has been done in the Wimborne and Cranborne Rural District where Phase III of the Verwood Main Drainage Scheme has been completed under the Council's Engineer and Surveyor at an

estimated cost of £179,000. Good progress was also made with the construction of a sewerage and sewage disposal scheme for the village of Alderholt from which, by arrangement with the Ringwood and Fordingbridge Rural District Council, sewage will be pumped to the Fordingbridge treatment plant of that Authority.

Schemes Submitted, Commenced and/or Completed during 1971

Authority	Scheme	Approximate Submitted £	Capital Cost of Scheme Commenced £	Completed £
Water Supplies				
Dorset Water Board	Church Knowle - Extension to Steeple and Kimmeridge	-	-	34,500
	Main Extension - Burton Bradstock (White Ladies)	-	-	6,880
	Northern Area Scheme			
	Ansty/Stoke Wake area	38,150	38,150	-
Sewerage and Sewage Disposal				
Beaminster Rural District	Drimpton	59,100	-	-
	Netherbury	-	52,480	-
Bridport Rural District	West Bexington	-	-	6,120
Dorchester Rural District	Broadmayne and West Knighton	124,083	-	-
	Crossways	-	-	38,000
	Maiden Newton	-	-	25,000
	Osmington	-	-	80,500
	Piddle Valley (revised scheme)	222,000	-	-
	Toller Porcorum	38,151	-	-
	Winterbourne Valley (revised scheme)	178,000	-	-
Sherborne Rural District	Leigh, Chetnole, Beer			
	Hackett, Ryme Intrinseca	297,595	-	-
Sherborne Urban District		323,000	-	-
Wareham Rural District	Lytchett Matravers (Bloxworth)	-	25,700	-
	Affpuddle and Briantspuddle	-	-	44,000
	Worth Matravers	68,200	-	-
Wimborne Rural District	Alderholt	-	185,970	-
	Sturminster Marshall (Stoney Down Area)	-	-	48,000
	Verwood - Phase III	-	-	179,000

THE PREVENTION OF RIVER POLLUTION

The publication, in December, of the Report on the River Pollution Survey 1970 confirmed the view expressed in this Annual Report for some years now that there was very little serious pollution of rivers in Dorset; indeed with three exceptions, all the rivers in this part of the Avon and Dorset River Authority's area were placed in Class 1 - ie "unpolluted".

Of the three rivers showing signs of pollution, two; the Bride and the Lydden - were scheduled in Class 2 (Rivers of doubtful quality and needing improvement) and one - the Brit was regarded as grossly polluted - Class 4.

As far as the Bride was concerned, the pollution here was almost certainly due to the overloading of the sewerage system and sewage disposal works at Burton Bradstock. This is a matter of which the Bridport Rural District Council are aware and on which action is being taken.

The somewhat poor quality of the Lydden between Lydlinch and the confluence with the Stour was associated with weed which absorbed oxygen from the water. The result was that the dissolved oxygen figure was very low during summer flows indicating that the river was not being oxidised as much as was desirable. There was, the River Authority confirmed, no significant pollution from sewage and while a certain amount of contamination did occur from agricultural sources this was no greater than would be the case along any stretch of river flowing through a rural area.

The remarks about the River Brit gave rise to a good deal of adverse publicity, but the statements in the report were based on the findings of a survey in 1970, and, by the time the Report was published, the bulk of the pollution of this river had been abated as a result of connections to the Bridport Joint Sewerage Scheme. The situation will be further improved by the Autumn of 1972 with the completion of the Netherbury sewerage scheme to which reference was made earlier; pollution of a tributary of the Brit rising in the vicinity of Stoke Abbot will also be overcome by the bringing into operation - again in the Autumn of 1972 - of the Stoke Abbot main drainage scheme. A matter for surprise was that the Survey Report made no reference of the pollution of the River Char at and below Charmouth. This, presumably, had not reached serious proportions in 1970, but conditions were bad this year. Here again the Bridport Rural District Council are co-operating fully with the Avon and Dorset River Authority and the first stage of scheme for extending the Charmouth sewage disposal works has been completed. A major extension - involving the construction of a separate contact stabilisation plant, is expected to be put in hand in the near future.

On several occasions during the year, it has been necessary to turn for advice and assistance to the Fisheries and Pollution Inspector, (Mr J D Brayshaw) and, as in the past, he and his staff have co-operated fully.

THE DISPOSAL OF SEWAGE INTO THE SEA

It is satisfactory to be able to report that the submarine pipeline at West Bay which was brought into full operation in May 1970 for a design population of about 27,000 from the Borough of Bridport, neighbouring parishes of the Bridport rural district, Beaminster and Netherbury has functioned most successfully. Prior to the implementation of the Bridport Joint Sewerage Scheme of which the submarine pipeline forms part, the pollution of the East Beach at West Bay - principally by domestic sewage - was a "black spot" along the Dorset Coast. Now, there is no evidence of the discharge of sewage into the bay.

Reference was made in earlier reports of the exhaustive investigations which for the past four years have been carried out by the Water Pollution Research Laboratory to determine, inter alia, the degree of pollution in West Bay prior to and after the coming into operation of the new Long Sea Outfall.

From time to time the Laboratory has published the results of earlier stages of the investigation and the findings of the work done in 1970/71 will be included in "Water Pollution Research 1971" - the Annual Report of the Water Pollution Research Laboratory.

Although further work is necessary before a final conclusion can be reached on subject of "Initial Dilution", some indication of the success of the Bridport Scheme may be gained by a comment made in a letter from the Laboratory in October to the effect that "In periods when the highest counts at the beach appear to be attributable to seagulls rather than to human beings it is difficult to assess the contribution from the outfall." There can be no doubt that this very thorough investigation by the Laboratory has been and will continue to be of the greatest of value to all those interested or concerned in the design of submarine pipelines for the disposal of sewage and trade waste to sea. Since the early sixties, Abraham's data* has been used in outfall design calculations and, already, the data obtained from the Bridport Survey makes it possible to extend this design capability to all tidal states where information is available on water movement through the discharge area. The Laboratory are now of the opinion that it should be possible to design an outfall to achieve a prescribed initial dilution factor for a given discharge rate of sewage for a known percentage of the tidal cycle.

* Abraham, G., 'Jet Diffusion in Stagnant Ambient Fluid'
Delft Hydraulics Laboratory, 1963 Publ. No. 29.

INSPECTION AND SUPERVISION OF FOOD

Milk

No significant changes occurred during the year in respect of milk sold by retail in the county, most of which continues to be pasteurised and supplied in bottles. During the summer months there is an increased demand for cartoned milk due to the influx of holiday makers.

The quantity of ultra heat treated milk retailed is comparatively small and sales are, in the main, confined to shops where the longer 'shelf life' of this grade of milk has an advantage over ordinary pasteurised milk. There is no ultra heat treatment plant for milk in the county and all supplies are obtained from outside licensed establishments. There are forty milk producers in the county licensed by the Ministry of Agriculture, Fisheries and Food to sell untreated milk by retail, and a further seven producers have obtained consents from the Minister to sell undesignated raw milk to local households. Generally, the sale of untreated milk is confined to the rural areas and in particular the western part of the county but overall it amounts to a very small percentage of the total retail milk sales in Dorset.

During the year one licensed pasteurising establishment in Poole was closed so that at the 31 December the number in the county was seven, one of which is in the borough of Weymouth. The borough council is a Food and Drugs authority and therefore supervision of this pasteurising establishment is undertaken by the borough public health inspectors. In the administrative county the work of supervising the remaining six licensed pasteurising dairies is carried out by the county public health officer. Regular visits of inspection - involving the taking of samples - have been made throughout the year and generally a very satisfactory standard of hygiene has been maintained at these dairies.

Working under the direction of the county public health officer the two sampling officers obtained a total of 1,118 specimens of heat treated milk at the pasteurising establishments and 17 (1.5%) did not satisfy the prescribed tests - 13 failing the methylene blue test and four the phosphatase test. In the case of the four phosphatase failures very full investigations were carried out at the three dairies involved where the batch or holder method of heat treatment is employed. Although the cause was not definitely established it is believed that faulty valves might have been responsible but in each case repeat samples satisfactorily complied with the test.

Apart from the samples at the pasteurising establishments the sampling officers regularly obtained specimens from retailers, producer/retailers, shops and various county establishments including schools. A total of 2,152 specimens from these sources were examined at the public health laboratory, Dorchester, and 62 (3%) were unsatisfactory. The highest percentage of unsatisfactory samples (8.4%) was in respect of untreated milk from producer/retailers but even so this was significantly lower than in 1970 when the percentage of failed samples from these milk retailers was 12.6. Details of all milk sampling are given in the table on page 53.

MILK SAMPLING
1970

MILK SAMPLING
1971

Sampling point	Designation	No. of samples	Phosphatase Test		Methylene Blue Test	
			Pass	Fail	Pass	Fail
Licensed pasteurising establishments	Pasteurised	1053	1052	1	918 (118 void)	17
	Pasteurised	488	487	1	433 (51 void)	4
	Untreated	18	-	-	16	2
School Canteens	Pasteurised	306	306	-	278 (28 void)	-
	Untreated	5	-	-	4	1
Homes and Hospitals	Pasteurised	116	116	-	111 (5 void)	-
	Pasteurised	234	231	3	206 (25 void)	3
Retailers	Untreated	34	-	-	30	4
	Pasteurised	505 *	503	2	427 (51 void)	27
Shops	Untreated	9	-	-	8	1
	Untreated	167	-	-	138 (8 void)	21
Licensed pasteurising establishments	Pasteurised	1118	1114	4	977 (128 void)	13
	Pasteurised	472	472	-	410 (57 void)	5
	Untreated	19	-	-	18	1
School Canteens	Pasteurised	311	311	-	263 (40 void)	8
	Untreated	2	-	-	2	-
Homes and Hospitals	Pasteurised	103	103	-	92 (10 void)	1
	Untreated	27	-	-	24	3
Retailers	Pasteurised	305	303	2	268 (28 void)	9
	Untreated	30	-	-	29	1
Shops	Pasteurised †	629	628	1	535 (74 void)	20
	Untreated	8	-	-	5	3
Producer/Retailer	Untreated	155	-	-	142	13

* In addition 41 samples of ultra heat treated milk were obtained and were satisfactory.

† In addition 57 samples of ultra heat treated milk and 5 samples of Sterilised milk were obtained. All were satisfactory.

Section 39 Food and Drugs Act 1955

Seven producers have been granted Consents to sell undesignated milk to nearby householders who, owing to their comparatively remote positions in the county, would otherwise be unable to obtain supplies of liquid milk.

The Milk (Special Designation) Regulation 1963/65

Ninety-five dealer's (pre-packed) milk licenses were issued during the year and 56 were cancelled so that at 31 December 1971 the position was as follows in respect of licenses in force.

Dealer's (Pasteurised)	6
" (Untreated)	11
" (Pre-packed)	414
	<hr/>
Total	431 *
	<hr/>

* Excludes licenses issued by Poole and Weymouth Borough Councils.

Section 31 Food and Drugs Act 1955

Prohibition of sale of milk from diseased cows

Tuberculosis

During the year 23 samples of untreated milk were obtained and submitted to the Dorchester public health laboratory for examination for tubercle bacilli. All the specimens produced a negative result.

The Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food has kindly supplied me with the following information in relation to tuberculosis in cattle in the county.

The number of animals tested in 1971 was 109,787 and there were 153 reactors involving 50 herds. Sixty-one of the reactors showed tubercular lesions at post mortem and the number of herds involved was 12. The percentage of reactors, 0.139, was slightly less than in 1970 when 0.162% of the animals tested gave a positive reaction.

Brucella Abortus

Information concerning twelve human cases of brucellosis was received by the county health department during the year - less than half the number for 1970. All the patients were involved in some way with milk production and in one instance three members of a dairy farmer's family contracted the disease. In this particular case it was learned that the dairy herd was heavily infected with brucella abortus. Two other cases were veterinary surgeons. In this profession brucellosis is often acquired when attending a calving, the lochia frequently being infected with abortus organisms. Infection on the farm is an occupational hazard and a further argument in favour of eradicating the disease in cattle.

Dr Tee, The Director of the Public Health Laboratory, Dorchester states that in 1971, 318 patients were examined for brucella antibodies in their serum, a figure close to that for 1970, and it involved the testing of 387 sera in the laboratory. Serological evidence of acute infection was found in fourteen patients (4.3 per cent), acute infection being defined as a rising titre in the direct agglutination and CF tests in the presence of acute symptoms, including fever.

The table below shows the number of acute cases detected during the past four years:-

Year	Cases	Percentage positive
1968	11	8.3
1969	13	5.5
1970	23	6.3
1971	14	4.3

It is interesting to note that, with the exception of 1970, the number of acute cases detected has remained fairly constant although with the introduction of the Brucellosis (Eradication) Schemes in 1967 it might have been expected that there would have been a significant falling off in the number of human cases for 1971.

In connection with brucellosis the county health department has constant regard to the retail sale of untreated milk and regular sampling is undertaken, the specimens being submitted to the public health laboratory, Dorchester, for the detection of the brucella organism.

During the year 829 samples were obtained and submitted to screening by the Milk Ring Test. Seventy-six specimens were subsequently examined by culture, ten giving a positive reaction involving 8 herds and appropriate action was taken in each case.

In addition to milk, 43 samples of raw cream were examined for brucella abortus and all were negative.

Brucellosis (Incentive) Scheme

The following information has been kindly supplied by the Divisional Veterinary Officer

No. of applications to enter scheme	362
No. of applications accepted	290
No. of withdrawals	72
Total number of herds accredited as at 31 12 71	186
No. remaining in scheme	421
No. of herds in the county as at 31 12 71	
Dairy	1,873
Mixed	705
Beef	26

Compared with 1970 there was an appreciable increase in the number of herds which became accredited during the year and this is encouraging. In fact approximately twenty-five per cent of all herds in the county were in the Brucellosis Incentive Scheme at 31 December 1971 and this is twice the number as at the end of 1970. This rate of progress in the elimination of brucellosis amongst cattle in Dorset is to be viewed with satisfaction.

Public Health Laboratory Service

The willing and ever-ready co-operation of the public health laboratory, Dorchester, in the examination of the very many specimens which have been submitted during the year is much appreciated and for this very valuable service I must express my thanks to the Director, Dr G H Tee.

	ALL DISEASES EXCEPT TB AND CYSTICERCI										TB ONLY																				
	Number killed and carcasses inspected					Whole carcasses condemned					Parts of carcasses or organs condemned					Whole carcasses condemned					Parts of carcasses or organs condemned										
	Cattle (ex)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex)	Cows	Calves	Sheep and Lambs	Pigs	Goats	
County District																															
Beaminster Rural	54	-	3	250	268	-	-	-	-	-	-	-	15	-	-	7	113	-	-	-	-	-	-	-	-	-	-	-	-	18	-
Bridport Rural	1080	676	1116	16917	8514	-	10	37	29	40	80	-	340	430	99	1146	1224	-	3	3	2	-	-	-	34	40	1	-	-	-	-
Dorchester Borough	1000	923	12439	5360	5209	-	4	13	35	27	34	-	280	573	2091	1054	1910	-	-	-	-	-	-	-	-	-	-	-	-	8	-
Dorchester Rural	741	1461	112	1172	6949	-	-	11	12	1	57	-	87	471	4	24	712	-	-	-	-	-	-	-	-	-	-	-	-	36	-
Poole Borough	-	-	-	-	32208	-	-	-	-	-	86	-	-	-	-	-	5462	-	-	-	-	-	2	-	-	-	-	-	-	474	-
Shaftesbury Rural	153	361	4394	2361	138802	-	1	17	119	23	575	-	20	88	89	226	15138	-	-	-	-	-	-	-	-	-	-	-	2784	-	-
Sherborne Urban	341	-	2	1106	398	-	-	-	-	-	-	-	-	28	-	70	90	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Sherborne Rural	75	-	5	203	232	-	-	-	-	1	1	-	7	-	1	25	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sturminster Rural	685	7452	1353	6586	462	112	37	384	177	190	87	1	78	4008	184	2011	122	1	-	-	-	-	-	-	1	-	-	-	1	-	-
Wareham and Purbeck Rural	555	24	270	662	5993	-	2	-	7	5	141	-	39	8	7	47	351	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Wimborne and Cranborne Rural	13847	7618	1184	87259	42097	-	8	36	44	379	508	-	4769	5700	9	7693	4840	-	-	-	-	-	-	-	-	-	-	-	-	375	-
TOTAL	18531	18515	20878	121876	241132	112	62	498	423	666	1569	1	5635	11306	2484	12303	30006	1	3	3	2	-	3	-	34	41	1	-	3697	-	-

MEAT AND OTHER FOODS

Meat Inspection

Throughout the year a one hundred per cent meat inspection service has been maintained at the 17 licensed slaughterhouses, three of which are attached to bacon/food factories. For this the public health inspectors to the relevant county district councils are to be congratulated, considering the amount of time which it has involved.

Particulars of the animals slaughtered and inspected at the slaughterhouses are given in the table on page 56.

Sale of Ice Cream

A total of 317 samples of ice cream were submitted for examination at the public health laboratory, Dorchester by the county district public health inspectors. Two hundred and sixty seven were of provisional grade I; thirty-one were provisional grade II, eight grade III and eleven grade IV.

There are a few manufacturers of ice cream in the county and their premises and equipment are regularly inspected by the public health inspectors of the relevant district councils. However, most of the ice cream sold is the product of manufacturers outside the county area, having a national distribution.

FOOD AND DRUGS

Adulteration and Compositional Quality

The following particulars relate to samples taken by the Weights and Measures Inspectors:-

Period 1 January to 31 December 1971

Name of Sample	Correct	Incorrect	Total	Samples submitted to Public Analyst	Samples examined in Department's Laboratory
Milk	319	3	322	5	317
Cream	15	-	15	3	12
Ice Cream	6	-	6	-	6
Potable Spirits	21	-	21	-	21
Other Foods	131	32	163	160	3
Drugs	22	-	22	22	-
Totals	514	35	549	190	359

Appropriate action was taken by the Chief Inspector of Weights and Measures on all samples adversely reported on by the Public Analyst.

Food Hygiene

Food, fit for consumption in every respect, and prepared under hygienic conditions is quite properly expected by the consumer but this can only be achieved by constant supervision. Dorset public health inspectors pay very close attention to this most important public health subject. Not only have regular and frequent inspections been made of food premises but many

of the county district public health inspectors have given talks on food hygiene to various organisations and groups. These have been well received and have played an important part in emphasising, particularly to those engaged in the food trade, the necessity for maintaining a high standard of hygiene.

With regard to hygiene at school kitchens and other county council establishments the county public health officer has made regular inspections throughout the year and has found that, generally, a very satisfactory standard has been maintained.

CLEAN AIR

There are national air pollution survey stations at four centres in the county and low readings obtained from these indicate that there was no serious pollution of the atmosphere in 1971 arising from smoke and sulphur dioxide.

The county district public health inspectors are ever mindful of the importance of the prevention of atmospheric pollution and where necessary have dealt promptly and, in most cases, successfully with local incidents.

GYPSY SITES

During the year two sites were opened in the borough of Poole where there has always been a problem arising from gypsies camping on the heathlands.

One of the sites is permanent and the other temporary and now that they have been provided all families not qualifying for pitches at these sites will be evicted. Further pitches are to be provided at sites within the areas of five rural district councils and when these are established and in operation it is felt that the problem of sites for gypsies in the county will have been resolved.

CARAVANS AND TENTS

Dorset is a predominantly agricultural county of considerable scenic charm with a magnificent coastline to the English Channel and it is therefore not surprising that it is much favoured by holiday makers, particularly those who prefer camping or caravanning holidays. Although there are numerous established sites for caravans and tents along the whole stretch of coast from Swanage in the east to Lyme Regis on the western boundary with Devon they are insufficient to meet the increasing demand each year. This has been particularly evident in respect of tourists and has led to much unauthorised camping, which in some cases has caused concern to the district councils.

This matter has been the subject of discussion between officers of the county planning department and of the district councils most concerned. It is hoped that more sites will be available for camping and for touring caravans in 1972 particularly in the Dorchester rural district around Weymouth which is an especially favoured area for holiday makers.

Consideration has also been given to the setting up of transit sites as near as possible to the main roads through the county as there is an urgent need for this type of site to meet the demand by the touring caravaner for overnight or short stay breaks. It will greatly reduce the incidence of lay-by and roadside verge parking of caravans with its attendant public health problems to which reference has been made in previous Annual Reports.

All established caravan and camping sites were visited by the district public health inspectors during the season and in general a satisfactory standard of hygiene has been maintained.

HOUSING

The position regarding new housing in Dorset during 1971 is given in the table on page 61 the figures being obtained from the Department of the Environment returns for the year.

Overall, 501 council houses were completed during the year and this is twenty more than in 1970. Although the increase is very small it is encouraging to note that there were 785 under construction at the end of the year compared with 481 in course of building at 31 December 1970.

In addition to the council built dwellings, other public sectors - principally housing associations - built 266 and had a further 245 under construction at the end of the year.

The demand for council owned dwellings shows no signs of decreasing and the need for this type of housing for letting is as urgent as ever. No doubt there are many factors influencing the rate of building by the district councils and not least of these must be, in many cases, difficulties in obtaining suitable sites. It is to be hoped that the measures announced by the government will prove of assistance to district councils in this respect so that they can press ahead with their house building programmes.

Three thousand three hundred and ninety private enterprise houses were completed during the year, 703 more than in 1970 and the increase was particularly notable in Poole where 1,129 houses were completed. This is a third of the total for the whole county. For some years now private housing development has been particularly active in Poole and the rural district of Wimborne and Cranborne and the figures in the table again illustrate the rapid development which is taking place in that area of the county.

Housing Act 1969 (Part I)

Improvement of Dwellings in Rural Districts

A total of 257 applications for discretionary improvement grants were received by the nine rural district councils of which 241 were approved resulting in 244 dwellings being improved.

Two district councils had schemes approved which resulted in improvements being made to 150 council houses.

With regard to standard grant improvements there was a considerable falling off in the number of applications received (145) compared with the previous year (248). Five council owned dwellings in one rural district were provided with the standard amenities as a result of two approved schemes.

Only one council received applications for improvement to the reduced standard and three dwellings were involved.

No applications were received by the rural district councils for special grants under the provisions of Section 13 of the Housing Act 1969.

The Housing Act 1957

Clearance Areas and Individual Unfit Houses

The work undertaken by the district councils in connection with clearance areas and individual unfit houses is given in the following table, the figure being obtained from the Department of the Environment returns for the year.

<u>Houses in Clearance Areas and Unfit Houses Elsewhere</u>														
Housing Authority	Demolished or Closed							Demolished or Closed						
	1	1	70	-	31	12	70	1	1	71	-	31	12	71
	In clearance areas				Elsewhere	In clearance areas				Elsewhere				
Boroughs:														
Blandford Forum			-			4				-			2	
Bridport			-			29				-			14	
Dorchester			-			4				-			3	
Lyme Regis			-			1				-			9	
Poole			-			1			3				-	
Shaftesbury			-			-			-				-	
Wareham			-			3			-				1	
Weymouth and Melcombe Regis			-			2			-				9	
Urban Districts:														
Portland			-			3			-				2	
Sherborne			-			-			-				-	
Swanage			-			-			-				-	
Wimborne Minster			-			-			-				-	
Rural Districts:														
Beaminster			-			5			-				11	
Blandford			-			-			-				-	
Bridport			-			2			-				2	
Dorchester			4			15			-				4	
Shaftesbury			-			-			-				2	
Sherborne			-			3			-				-	
Sturminster			-			-			-				-	
Wareham and Purbeck			-			2			-				5	
Wimborne and Cranborne			-			5			-				7	
TOTALS			4			79			3				71	

POSITION AS AT 31 DECEMBER 1970				POSITION AS AT 31 DECEMBER 1971										
Housing Authority	Under Construction			Completed			By Council	Under Construction			By Council	Completed		
	By Council	Other Public Sector	Privately	By Council	Other Public Sector	Privately		By Council	Other Public Sector	Privately				
Boroughs														
Blandford Forum	9	12	14	5	61	-	10	-	21	9	12	28		
Bridport	6	-	52	31	-	11	-	-	55	6	-	37		
Dorchester	30	-	70	38	-	45	8	-	15	30	-	97		
Lyme Regis	6	-	18	-	-	31	14	-	21	11	-	15		
Poole	202	176	1215	185	54	675	336	180	1139	202	190	1129		
Shaftesbury	24	-	33	8	23	40	-	-	41	24	-	26		
Wareham	-	-	23	18	1	63	-	-	11	-	-	31		
Weymouth and Melcombe Regis	-	60	115	14	5	91	103	33	192	12	27	161		
Urban Districts														
Portland	94	-	56	6	-	147	65	-	84	33	-	131		
Sherborne	-	-	53	30	-	31	-	-	71	-	-	99		
Swanage	-	-	70	-	-	55	-	-	105	-	-	53		
Wimborne	-	-	69	22	-	88	-	-	44	-	6	90		
Rural Districts														
Beaminster	29	-	23	-	-	46	-	-	24	29	-	46		
Blandford	-	-	94	-	-	84	44	-	91	-	-	145		
Bridport	-	37	83	-	-	134	22	8	82	-	29	101		
Dorchester	53	-	154	19	-	75	47	-	168	40	-	68		
Shaftesbury	35	-	44	-	-	55	10	1	61	26	-	50		
Sherborne	-	-	58	38	-	39	-	-	56	-	-	50		
Sturminster Wareham and Purbeck	15	-	108	6	-	139	24	-	83	15	-	166		
Wimborne and Cranborne	23	-	145	16	-	180	4	6	226	23	-	176		
TOTALS	567	287	2787	481	152	2687	785	245	3002	501	266	3390		

TABLE 1
VITAL STATISTICS

Area	1966	1967	1968	1969	1970	1971
Area: 625,460 acres						
Population: -						
Urban Districts	203,540	205,330	208,570	211,970	216,980	218,740
Rural Districts	129,460	132,580	134,670	136,870	140,390	145,680
Whole County	333,000	337,910	343,240	348,840	357,370	364,420
Marriageable Value	£13,470,313	£14,043,658	£14,736,475	£15,445,455	£16,064,141	£16,725,197
Estimated Product of a Penny Rate	£54,646	£56,576	£59,781	£68,151	£161,350 (New Penny)	£169,940
Births: -						
Stillbirths	71	94	70	57	61	78
Live Births	5,253	5,081	5,141	5,110	5,048	5,035
Legitimate	4,869	4,691	4,731	4,736	4,679	4,679
Illegitimate	384	390	410	374	369	356
Total live and stillbirths	5,324	5,175	5,211	5,167	5,109	5,113
Live Birth Rate (per 1,000 population) (adjusted)	18	17.1	17.1	16.8	16.1	15.7
Stillbirth Rate (per 1,000 total live and stillbirths)	13.3	18	13.4	11	12	15
Live Birth Rate (England and Wales)	17.7	17.2	16.9	16.3	16	16
Deaths: -						
Total Deaths (all ages)	4,372	4,149	4,553	4,495	4,624	4,771
Death Rate (per 1,000 population) (adjusted)	10.9	10.2	11	10.7	10.7	10.9
Death Rate (England and Wales)	11.7	11.2	11.9	11.9	11.7	11.6
Infant Mortality: -						
Deaths under 1 year of age	75	85	78	90	67	97
Legitimate	72	76	69	79	60	83
Illegitimate	3	9	9	11	7	14
Mortality Rate (legitimate infant deaths per 1,000 legitimate live births)	14.8	16.2	14.6	17	13	18
Mortality Rate (illegitimate infant deaths per 1,000 illegitimate live births)	7.8	23.1	22	29	19	39
Mortality Rate (total infant deaths per 1,000 total live births)	14.3	16.7	15	18	13	19
Mortality Rate (England and Wales)	18.9	18.3	18	18	18	18
Maternal Mortality: -						
Maternal Deaths	NIL	1	1	NIL	NIL	1
Maternal Mortality Rate (per 1,000 total live and stillbirths)	-	0.19	0.19	-	-	0.19
Tuberculosis						
Deaths: -						
All forms	11	11	13	14	9	13
Death rate per 1,000 population	0.033	0.033	0.038	0.04	0.025	0.036
Pulmonary	8	11	8	6	4	11
Death rate per 1,000 population	0.024	0.033	0.024	0.017	0.011	0.030
Non-pulmonary	3	-	5	8	5	2
Death rate per 1,000 population	0.009	-	0.014	0.023	0.014	0.006
Communicable Diseases: -						
All forms	70	59	43	39	44	34
Pulmonary	55	47	30	28	37	23
Non-pulmonary	15	12	13	11	7	11
Notification Register as at 31 December: -						
All forms	1,408	1,311	1,198	1,138	1,130	1,235
Pulmonary: -						
Males	685	622	584	580	582	602
Females	550	505	481	471	454	538
Non-pulmonary: -						
Males	78	86	57	34	33	35
Females	95	98	76	53	61	60

TABLE 2

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever	53	61	57	106	29	37	34	37	41	32
Whooping Cough	38	111	156	79	64	236	106	27	32	91
Diphtheria	-	-	-	-	-	-	-	-	-	-
Measles	606	5,255	1,595	3,652	1,559	4,469	493	698	1,549	1,439
Acute Poliomyelitis	-	-	1	2	-	-	-	-	-	-
Acute Encephalitis	3	3	1	1	5	3	1	11	2	4
Dysentery (Amoebic or Baccillary)	8	148	7	23	38	17	16	61	7	37
Ophthalmia Neonatorum	1	12	-	1	-	2	1	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	1	1	1	3	1	-	-	1	-	-
Typhoid Fever	1	2	1	-	-	-	-	1	-	-
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	17	12	7	99	22	44	52	208	87	41
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	-	1	2	-	-	2	1	1	-	-
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax (Not notifiable until 1960)	-	-	-	-	-	-	-	-	-	-
Infective Jaundice (Not notifiable until 1968)	-	-	-	-	-	-	25	50	71	68
Acute Meningitis (Not notifiable until 1968)	-	-	-	-	-	-	2	12	3	9
Leptospirosis (Not notifiable until 1968)	-	-	-	-	-	-	1	1	-	-
Tetanus (Not notifiable until 1968)	-	-	-	-	-	-	-	-	1	2

TABLE 3
ATTENDANCE AT WELFARE CENTRES 1971

Centre	Number of Openings	New Cases Born in				Total Attendance including new cases	Average Attendances per Session
		1971	1970	1966-69	Total		
Beaminster	24	34	28	34	96	451	18.8
Blandford	24	85	65	41	191	873	36.4
Blandford Camp	48	104	149	88	341	1,683	35.1
Bovington Camp	23	64	35	12	111	818	35.6
Bradford Abbas	12	14	18	32	64	216	18.0
Bridport	8	10	25	18	53	129	16.1
Broadmayne	12	12	26	33	71	194	16.2
Carey	24	63	53	88	204	597	24.9
Charminster	12	11	4	3	18	147	12.2
Colehill	32	58	71	46	175	970	30.3
Corfe Mullen	24	33	44	37	114	581	24.2
Crossways	12	10	21	36	67	128	10.6
Dorchester	52	192	53	48	293	1,720	33.1
Ferndown	34	220	163	124	507	1,752	51.5
Gillingham	23	45	66	132	243	732	31.8
Handley	12	17	17	16	50	120	10.0
Lulworth Camp	12	18	12	25	55	171	14.2
Lytchett Matravers	12	14	20	40	74	247	20.6
Sandford	17	24	22	35	81	279	16.4
Shaftesbury	24	46	73	35	154	555	23.1
Sherborne	12	19	21	23	63	212	17.7
Sturminster Newton	22	31	23	31	85	582	26.5
Swanage	50	114	99	166	379	1,462	29.2
Thorncombe	11	15	8	9	32	167	15.2
Thornford	12	14	19	20	53	169	14.1
Upton	13	56	55	68	179	524	40.3
Verwood	24	42	57	63	162	658	27.4
Wareham	24	48	61	98	207	548	22.8
West Moors	23	62	36	54	152	594	25.8
Wimborne	22	29	36	50	115	466	21.2
Wool	12	21	34	29	84	277	23.1
Poole							
Alder Road	24	63	65	59	187	1,007	42.0
Branksome	115	163	253	216	632	3,162	27.5
Broadstone	52	52	85	154	291	1,105	21.3
Canford Magna	24	18	37	71	126	438	18.3
Central	104	184	236	201	621	2,869	27.6
Hamworthy	52	57	45	96	198	838	16.1
Herbert Avenue	52	65	54	107	226	1,352	26.0
Hillbourne	51	82	101	192	375	1,604	31.4
Newtown	52	66	70	161	297	1,610	31.0
Oakdale	72	106	110	245	461	2,006	27.9
Old Town	52	25	35	51	111	876	16.8
Turlin Moor	39	16	15	10	41	208	5.3
Wallisdown	51	57	64	72	193	1,201	25.4
South Dorset Area							
Broadway	22	22	32	28	82	452	20.5
Chickerell	24	31	22	45	98	536	24.3
Lanehouse	22	15	34	21	70	432	19.6
Littlemoor	24	14	23	40	77	397	16.5
Portland Tophill	51	112	135	70	317	2,586	50.7
Portland Underhill	52	79	65	115	259	2,071	39.8
Portland - Weston	23	61	30	31	112	934	4.5
Preston	24	52	35	51	138	691	28.8
Southill	24	27	32	50	109	638	26.6
Spa	40	54	51	45	150	1,043	26.1
Weymouth	103	219	196	206	621	3,731	26.2
Wyke Regis	51	98	110	102	310	1,952	38.3
Totals	1,866	3,263	3,349	3,973	10,585	51,761	

TABLE 4 VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Total UD's		Total RD's		Totals whole County 1971	Com-parative Totals 1970	Blandford Forum MB		Bridport MB		Dorchester MB		Lyme Regis MB		Portland UD		Shaftesbury MB	
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F
Enteritis and other Diarrhoeal Diseases	1	2	1	-	4	4	-	-	-	-	-	-	-	-	1	-	-	-
Tuberculosis of Respiratory System	2	2	2	-	6	4	-	-	-	-	-	-	-	-	-	-	-	-
Late effects of Respiratory Tuberculosis	4	1	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculosis	-	1	1	-	2	5	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore throat, Scarlet Fever	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	4	-	-	2	6	5	-	-	-	-	-	-	-	-	1	-	-	-
Malignant Neoplasm, Buccal Cavity etc	3	3	2	1	9	9	-	-	1	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Oesophagus	11	10	3	3	27	24	-	-	1	1	-	1	-	-	1	-	-	-
Malignant Neoplasm, Stomach	30	23	24	15	92	91	3	-	-	1	4	1	-	-	1	-	-	-
Malignant Neoplasm, Intestine	28	56	31	25	140	143	-	2	2	2	1	2	-	-	2	3	-	2
Malignant Neoplasm, Larynx	3	-	2	2	7	12	-	-	-	-	-	-	-	-	1	-	-	-
Malignant Neoplasm, Lung, Bronchus	97	26	77	15	215	221	3	1	5	2	5	1	-	-	1	1	2	1
Malignant Neoplasm, Breast	1	67	-	35	103	98	-	-	-	4	-	3	-	-	-	6	-	2
Malignant Neoplasm, Uterus	-	18	-	16	34	22	-	-	-	-	-	-	-	-	-	1	-	1
Malignant Neoplasm, Prostate	15	-	25	-	40	43	-	-	1	-	2	-	-	-	1	-	-	-
Leukaemia	8	11	5	4	28	18	-	-	-	-	-	-	-	-	-	-	-	-
Other Malignant Neoplasms	88	82	55	54	279	272	3	-	3	6	5	5	1	3	8	1	1	-
Benign and Unspecified Neoplasms	3	3	-	1	7	9	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes Mellitus	9	14	2	9	34	25	-	-	-	1	2	-	-	1	-	3	-	-
Avitaminoses etc	-	2	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc Diseases	3	4	2	2	11	17	-	-	-	-	-	-	-	-	-	1	-	-
Anaemias	3	4	1	-	8	10	-	-	-	-	-	-	-	-	-	-	1	-
Other Diseases of Blood etc	-	1	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-
Mental Disorders	1	4	3	12	20	20	-	-	-	1	-	-	-	-	-	-	-	-
Meningitis	-	1	-	-	1	5	-	-	-	-	-	-	-	-	-	-	-	-
Multiple Sclerosis	1	6	1	1	9	4	-	-	-	2	-	1	-	-	-	-	-	-
Other Diseases of Nervous System	8	19	8	6	41	46	-	-	-	1	-	1	-	-	-	-	-	1
Chronic Rheumatic Heart Disease	12	14	7	5	38	51	-	-	-	-	2	1	1	1	1	-	-	1
Hypertensive Heart Disease	22	26	14	15	77	88	1	-	-	-	4	2	-	-	3	1	-	2
Ischaemic Heart Disease	432	381	270	187	1,270	1,126	7	8	22	15	26	20	9	8	16	9	11	7
Other Forms of Heart Disease	65	103	41	53	262	270	1	7	-	7	7	12	-	5	3	3	-	1
Cerebrovascular Disease	175	273	101	161	710	663	2	2	7	18	14	24	4	9	10	7	2	5
Other Diseases of Circulatory System	67	95	43	50	255	267	3	2	3	4	4	15	1	-	1	1	3	4
Influenza	4	5	1	1	11	87	-	1	-	2	-	1	-	1	-	-	-	-
Pneumonia	107	116	44	68	335	311	1	-	8	11	13	12	2	4	4	3	2	1
Bronchitis and Emphysema	79	30	46	9	164	140	3	1	1	-	4	1	1	1	3	2	2	-
Asthma	4	2	-	3	9	14	1	-	1	-	-	-	-	-	-	-	-	-
Other Diseases of Respiratory System	8	11	8	8	35	26	1	-	-	1	2	-	-	1	-	1	-	-
Peptic Ulcer	11	5	7	3	26	30	-	-	1	-	-	-	-	-	-	-	-	-
Appendicitis	1	1	-	-	2	6	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruction and Hernia	4	8	2	4	18	13	-	-	1	1	-	1	-	-	-	1	-	-
Cirrhosis of Liver	6	5	-	1	12	8	-	-	-	-	1	-	1	-	-	-	-	-
Other Diseases of Digestive System	10	15	5	7	37	41	-	2	1	-	2	-	1	-	-	1	-	-
Nephritis and Nephrosis	5	1	-	3	9	17	-	-	-	-	1	-	1	-	-	-	1	-
Hyperplasia of Prostate	8	-	4	-	12	10	1	-	1	-	-	-	-	-	-	-	-	-
Other Diseases, Genito-Urinary System	2	11	10	5	28	31	-	-	-	-	1	-	-	-	-	-	-	-
Diseases of Skin, Subcutaneous Tissue	1	4	-	-	5	6	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of Musculo-Skeletal System	1	8	7	4	20	18	-	-	-	-	-	-	-	1	-	-	-	-
Congenital Anomalies	21	14	6	5	46	28	1	-	-	1	3	1	-	1	-	2	-	-
Birth Injury, Difficult Labour etc	7	5	6	-	18	24	-	-	1	-	1	-	-	-	1	-	-	-
Other Causes of Perinatal Mortality	4	2	3	2	11	11	-	-	-	-	-	-	-	-	1	-	-	-
Symptoms and Ill Defined Conditions	6	18	1	8	33	27	-	-	1	6	-	1	-	-	-	-	-	-
Motor Vehicle Accidents	16	10	15	11	52	54	-	-	1	1	-	-	-	-	2	-	1	-
All Other Accidents	24	35	19	16	94	117	2	3	-	4	-	1	-	2	1	1	1	-
Suicide and Self-Inflicted Injuries	4	10	8	5	27	24	-	-	1	-	-	-	-	1	-	-	-	-
All Other External Causes	7	7	3	2	19	5	-	-	1	-	-	-	1	-	2	1	-	-
Other Complications of Pregnancy etc	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
All causes	1,437	1,576	917	841	4,771	4,624	33	29	64	92	104	107	23	39	65	49	27	28
Deaths of infants under 1 year:-																		
Total	36	29	16	16	97	67	1	-	1	2	5	2	1	1	2	1	1	-
Legitimate	32	24	12	15	83	60	-	-	1	1	5	1	-	1	2	1	1	-
Illegitimate	4	5	4	1	14	7	1	-	-	1	-	1	1	-	-	-	-	-
Live Births:-																		
Total	1,575	1,474	1,000	986	5,035	5,048	34	35	42	38	90	83	10	16	148	128	29	31
Legitimate	1,454	1,359	937	929	4,679	4,679	33	34	41	36	83	75	8	16	137	124	28	26
Illegitimate	121	115	63	57	356	369	1	1	1	2	7	8	2	-	11	4	1	5
Stillbirths:-																		
Total	26	29	11	12	78	61	1	1	1	-	3	1	-	-	2	1	1	1
Legitimate	22	27	10	11	70	54	1	1	1	-	3	1	-	-	2	-	1	1
Illegitimate	4	2	1	1	8	7	-	-	-	-	-	-	-	-	-	1	-	-
Estimated 'Home' population 1971	218,740		145,680		364,420		3,650		6,400		13,720		3,300		13,740		3,960	
Estimated 'Home' population 1970	216,980		140,390			357,370	3,670		6,580		13,760		3,340		13,270		3,600	

	Swanage UD		Wareham MB		Weymouth and Melcombe Regis MB		Wimborne Minster UD		Poole MB		Bournemouth RD		Blandford RD		Bridport RD		Dorchester RD		Shaftesbury RD		Sherborne RD		Sturminster RD		Wareham and Purbeck RD		Wimborne and Cranborne RD	
F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
-	1	-	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
-	1	1	-	1	2	2	-	-	6	4	-	-	-	1	-	2	1	-	1	-	-	-	-	-	1	1	1	1
-	2	2	-	-	9	3	1	-	10	16	2	1	1	-	2	1	4	4	-	1	3	-	3	1	5	2	4	5
1	-	4	1	1	6	13	1	-	15	26	1	-	1	1	3	-	4	4	3	3	1	-	1	3	3	4	14	10
-	-	-	-	-	-	-	-	-	2	-	1	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-
-	4	-	2	-	18	7	4	1	50	12	6	1	6	1	4	4	13	2	8	1	3	-	6	1	8	3	23	2
2	-	-	2	-	1	16	-	2	28	-	-	1	-	5	-	2	-	-	2	-	2	-	5	-	2	-	9	-
-	-	1	-	-	-	6	-	1	-	8	-	1	-	1	-	-	3	-	3	-	1	-	-	-	3	-	-	3
-	1	1	-	-	2	-	1	-	7	-	-	1	-	-	4	-	1	-	2	-	2	-	2	-	3	-	10	-
1	1	1	-	-	4	2	-	1	3	6	-	-	-	-	1	2	-	1	-	1	-	-	-	-	1	-	-	3
4	3	2	2	3	15	15	2	6	42	37	5	5	4	2	2	7	8	8	4	4	3	1	3	3	9	7	17	17
1	-	-	-	-	-	1	-	-	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1	-	-	-	3	-	1	1	2	8	-	-	1	-	-	-	1	-	-	-	-	1	2	-	1	-	-	5
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	2	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-
-	-	-	-	-	-	-	-	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	-	1	2	-	1	-	-	-	2	9	1	-	-	-	-	-	-	1	-	1	-
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	2	-	-	-	1	3	3	-	5	7	-	1	1	1	-	3	1	-	-	-	1	1	1	-	-	-	2	2
-	1	-	-	1	3	2	-	-	4	8	-	-	-	-	1	-	2	-	2	-	-	-	-	1	1	2	1	2
-	-	4	-	-	3	2	2	1	8	14	1	1	-	1	-	2	4	1	2	3	2	-	1	2	4	3	-	-
8	20	21	8	5	93	90	12	12	199	178	15	9	23	14	18	13	41	37	19	17	10	9	21	21	27	17	96	50
11	6	12	1	1	11	13	2	3	31	38	3	4	4	2	2	2	5	13	3	7	-	-	4	3	6	7	14	15
3	7	11	2	3	48	50	3	10	68	123	4	16	10	11	9	19	17	33	5	13	4	5	13	15	11	18	28	31
3	3	5	2	2	11	10	2	7	30	42	2	1	4	2	2	2	2	7	8	8	-	3	9	9	5	7	11	11
5	-	-	-	-	2	-	-	-	2	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
1	4	2	7	6	29	26	2	3	33	43	3	9	3	3	9	9	12	29	2	2	3	1	1	2	4	9	7	4
-	-	4	4	1	14	5	2	-	41	14	2	-	-	-	4	1	6	3	4	-	1	-	1	1	5	3	21	1
-	1	2	-	-	2	2	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-
-	1	-	-	-	3	-	-	-	1	4	-	1	1	1	-	2	6	-	-	2	-	-	1	1	-	1	-	-
-	1	-	-	-	-	-	-	-	4	5	-	-	2	-	1	1	-	-	-	-	-	-	-	-	2	-	1	2
-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	1	1	-	-	2	1	-	-	1	4	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	2	1	1
-	1	-	-	-	-	-	-	-	3	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	3	2	-	-	3	8	1	1	-	2	-	2	3	-	-	-	-	-	-	-	-	1	-	1
-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
1	-	1	-	2	-	-	-	-	6	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-
1	-	-	-	-	1	5	-	-	1	5	-	2	-	-	-	-	3	-	-	3	1	-	-	3	-	3	-	-
1	-	-	-	1	-	2	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	3	3	-	1	13	4	1	-	-	1	-	1	2	-	2	-	-	-	1	-	-	1	1	1
1	-	-	-	-	1	2	-	-	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2	3
-	-	-	-	-	1	1	-	-	1	1	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-
-	-	-	-	1	-	-	1	2	4	8	1	-	-	2	-	1	-	1	-	-	-	-	-	-	1	-	3	-
1	1	-	-	-	1	-	1	-	9	9	1	1	2	2	-	1	2	1	1	1	-	1	2	1	4	2	3	1
2	-	-	-	1	5	7	-	-	13	15	1	2	-	-	3	-	3	4	1	1	1	-	4	1	4	4	2	4
-	-	-	-	-	2	-	-	-	3	4	-	1	1	-	-	1	-	1	1	-	-	-	1	3	-	2	1	-
-	-	-	-	-	1	-	-	-	3	5	-	-	-	-	1	-	-	-	-	1	-	-	-	1	1	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
18	61	81	30	33	305	298	38	52	642	720	50	60	69	57	68	76	151	177	71	73	39	26	78	75	117	106	274	191
1	-	-	1	1	5	5	-	2	17	14	1	1	1	5	-	2	2	1	-	1	2	-	1	-	2	3	7	3
1	-	-	1	1	5	4	-	1	16	13	1	1	1	5	-	2	2	1	-	1	-	-	1	-	2	3	4	3
-	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	-
2	46	44	35	40	272	252	43	43	767	702	51	54	112	139	54	42	141	100	55	70	55	34	56	86	190	193	286	268
4	39	39	35	38	248	225	43	40	704	648	44	50	107	135	51	37	131	93	53	68	50	32	55	81	180	178	266	255
-	7	5	-	2	24	27	-	3	63	54	7	4	5	4	3	5	10	7	2	2	5	2	1	5	10	15	20	13
2	1	-	-	1	7	5	-	3	10	14	1	-	-	-	1	-	2	1	-	2	-	-	1	1	3	3	3	5
2	-	-	-	1	6	5	-	3	8	13	-	-	-	-	1	-	2	-	-	2	-	-	1	1	3	3	3	5
-	1	-	-	-	1	-	-	-	2	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	7,700		4,440		41,420		5,070		106,610		8,260		14,050		8,640		18,860		10,830		7,080		11,140		24,680		42,140	
	8,190		4,180		42,580		4,590		104,640		8,490		13,880		8,490		18,400		10,530		7,170		10,790		25,100		37,540	

AMBULANCE SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1971

STATION

Item	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
Patients Carried															
Emergency															
Maternity	65	26	41	28	12	18	220	9	17	19	18	77	172	36	758
Road Accidents	127	82	231	96	82	21	459	73	83	73	75	154	241	251	2,048
Other Accidents	174	25	78	-	21	18	1,396	16	47	53	87	18	315	-	2,248
Other Emergencies	299	297	474	217	54	31	1,891	3	142	36	88	254	1,203	392	5,381
Total Emergencies	665	430	824	341	169	88	3,966	101	289	181	268	503	1,931	679	10,435
Routine															
Hospital Admissions	244	270	388	362	130	207	460	242	210	279	322	435	723	679	4,951
Hospital Discharges	295	216	496	201	24	47	1,233	63	149	148	136	302	770	387	4,467
Inter-Hospital Transfers	178	146	622	180	28	77	496	144	95	79	132	129	542	144	2,992
Out-Patient Attendances:-															
Physiotherapy	294	1,159	1,200	138	5	62	4,443	40	397	135	52	418	1,362	960	10,665
Other	518	1,439	2,880	601	21	135	8,674	122	1,509	247	277	915	2,858	1,015	21,211
Corpses	3	11	27	7	5	4	79	4	6	4	1	6	14	21	192
Other Patients	21	32	106	7	8	4	923	36	48	15	15	5	175	17	1,412
Total Routine	1,553	3,273	5,719	1,496	221	536	16,308	651	2,414	907	935	2,210	6,444	3,223	45,890
Total Patients	2,218	3,703	6,543	1,837	390	624	20,274	752	2,703	1,088	1,203	2,713	8,375	3,902	56,325
Journeys															
Patient Carrying	919	1,303	3,059	608	261	433	5,651	435	926	453	538	889	4,095	1,100	20,670
Other Journeys	45	297	505	95	28	34	462	22	49	47	24	59	135	73	1,875
Total Journeys	964	1,600	3,564	703	289	467	6,113	457	975	500	562	948	4,230	1,173	22,545
Mileage															
Patient Carrying	50,533	32,089	68,249	28,147	14,640	14,444	113,742	17,162	25,234	30,299	19,556	46,763	57,237	46,380	564,475
Other Mileage	835	1,036	2,571	1,089	446	608	4,412	371	649	715	223	1,324	727	692	15,698
Total Mileage	51,368	33,125	70,820	29,236	15,086	15,052	118,154	17,533	25,883	31,014	19,779	48,087	57,964	47,072	580,173
Stretchers Cases	1,127	673	1,274	900	274	407	4,409	518	592	537	800	1,046	2,955	1,470	16,982
Sitting Cases:-															
Walking	579	1,959	3,242	220	97	93	8,368	134	1,696	193	133	1,047	3,680	383	21,824
Not Walking	512	1,071	2,027	717	19	124	7,497	100	415	358	270	620	1,740	2,049	17,519
Patients per Journey *	2.41	2.84	2.14	3.02	1.50	1.44	3.59	1.73	2.92	2.40	2.24	3.05	2.05	3.55	2.72
Miles per Patient *	22.79	8.88	10.43	15.32	37.54	23.14	5.61	22.82	9.33	27.84	16.56	17.24	6.83	11.89	10.02
* Excluding Mentally Subnormal															

* Excluding Mentally Subnormal

TABLE 6

HOSPITAL CAR SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1971

AREA

	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sheborne	Wareham	Weymouth	Wimborne	Total
Patients Carried											
Hospital Admissions	194	224	94	48	115	91	55	247	228	135	1,431
Hospital Discharges	116	153	312	9	196	62	39	226	423	243	1,779
Inter-Hospital Transfers	18	23	85	-	79	2	10	5	89	1	312
Our-Patient Attendances: -											
Physiotherapy	3,213	2,577	842	628	8,119	260	716	4,175	4,103	7,998	32,631
Other	10,019	5,818	4,326	2,660	15,160	2,311	3,098	13,046	14,510	11,250	82,198
Attendances at Training Centres											
Education, Immunisation, Social Services	959	1,090	408	154	4,220	91	151	672	646	2,256	10,647
Patients	13	7	19	2	58	6	-	5	6	3	119
Other Patients											
Total Patients	14,532	9,892	6,086	3,501	27,947	2,823	4,069	18,376	20,005	22,946	130,177
Journeys											
Patient Carrying	4,505	3,807	2,668	1,009	4,089	994	1,325	5,425	4,460	6,317	34,599
Training Centres										443	443
Other Journeys	159	70	109	20	14	30	42	147	68	153	812
Total Journeys	4,664	3,877	2,777	1,029	4,103	1,024	1,367	5,572	4,528	6,413	35,854
Mileage											
Patient Carrying	188,086	149,975	105,554	42,507	133,585	35,817	49,402	188,239	148,349	177,839	1,219,353
Training Centres										9,090	9,090
Other Mileage	1,582	537	1,374	129	362	365	708	1,574	391	1,345	8,367
Total Mileage	189,668	150,512	106,928	42,636	133,947	36,182	50,110	189,813	148,740	188,274	1,236,810
Patients per Journey *	3.22	2.60	2.28	3.47	6.83	2.84	3.07	3.39	4.48	3.46	3.73
Miles per Patient *	12.94	15.16	17.34	12.14	4.78	12.69	12.14	10.24	7.41	8.13	9.44

* Excluding Mentally Subnormal

